

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 06, 1999 8:00am  
Secretary of State

02-06-1999 90011 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 600345

1. Corporation Name

JAFFE EYE INSTITUTE, P.A.

Principal Place of Business

18999 BISCAYNE BOULEVARD  
MORRIS TOWER, SUITE D  
NORTH MIAMI BEACH FL 33180  
US

Mailing Address

18999 BISCAYNE BOULEVARD  
MORRIS TOWER, SUITE D  
NORTH MIAMI BEACH FL 33180  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1968

4. FEI Number

59-1204805

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAFFE, NORMAN S  
5700 N BAY ROAD  
MORRIS TOWER, SUITE D  
MIAMI BEACH FL 33140

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JAFFE, NORMAN S  
STREET ADDRESS 5700 N BAY ROAD  
CITY-ST-ZIP MIAMI BEACH FL

DELETE

TITLE VPS  
NAME JAFFE, MARK  
STREET ADDRESS 1821 WEST 27TH STREET  
CITY-ST-ZIP MIAMI BCH, FL 00000

DELETE

TITLE TD  
NAME JAFFE, GARY F.  
STREET ADDRESS 2800 WILLIAMS ISLAND BV.  
CITY-ST-ZIP MIAMI FL 0

DELETE

TITLE D  
NAME JAFFE, EMERY  
STREET ADDRESS 1000 ISLAND BLVD #2712  
CITY-ST-ZIP WILLIAMS ISLAND FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)