2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# 600345

Entity Name: JAFFE EYE INSTITUTE, P.A.

Current Principal Place of Business:

18999 BISCAYNE BOULEVARD
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

18999 BISCAYNE BOULEVARD
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 59-1204805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JAFFE, NORMAN S,
Address: 5700 N BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33142

Title: TD ( ) Delete
Name: JAFFE, GARY F.,
Address: 2800 WILLIAMS ISLAND BV.
City-St-Zip: AVENTURA, FL 33160

Title: D ( ) Delete
Name: JAFFE, EMERY
Address: 1000 ISLAND BLVD #2712
City-St-Zip: WILLIAMS ISLAND, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN S. JAFFE, M.D. PD 06/30/2005

Electronic Signature of Signing Officer or Director Date