

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600345

FILED  
Jan 04, 2007  
Secretary of State

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:

EISENMAN, SUSAN J  
18999 BISCAYNE BLVD  
101  
AVENTURA, FL 33180 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

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: 21000 NE 24TH AVENUE  
City-St-Zip: MIAMI, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JAFFE, NORMAN S,  
Address: 6000 ISLAND BLVD. #2906  
City-St-Zip: AVENTURA, FL 33160

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 Chapter 119, 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: EMERY JAFFE

D

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date