2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600345

Entity Name: JAFFE EYE INSTITUTE, P.A.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

18999 BISCAYNE BOULEVARD 18999 BISCAYNE BOULEVARD

AVENTURA, FL 33180 #101

AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

18999 BISCAYNE BOULEVARD 18999 BISCAYNE BOULEVARD #101

AVENTURA, FL 33180

AVENTURA, FL 33180 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition JAFFE, NORMAN S, JAFFE, NORMAN S MD Name: Name: 6000 ISLAND BLVD. #2906 6000 ISLAND BLVD. #2906 Address: Address: City-St-Zip:

AVENTURA, FL 33160 AVENTURA, FL 33160 City-St-Zip:

() Delete Title: TD Title: TD (X) Change () Addition Name: JAFFE, GARY F., Name: JAFFE, GARY F MD 2800 WILLIAMS ISLAND BV. 61 COMPASS LANE Address: Address:

AVENTURA, FL 33160 FT. LAUDERDALE, FL 33308 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

JAFFE, EMERY Name: JAFFE, EMERY D MD Name: 21000 NE 24TH AVENUE 21000 NE 24TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33180 City-St-Zip: MIAMI, FL 33180

I hereby certify that the information supplied with this filing does not qualify 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 D. JAFFE D 01/14/2009