FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 15 1996 8:00 am
Secretary of State

DOCUMENT # **601511** **(9)**

1. Corporation Name
FORT LAUDERDALE EYE INSTITUTE, INC.

Principal Place of Business
7800 WEST OAKLAND PARK BLVD.
SUITE 206
SUNRISE FL 33351

Mailing Address
7800 WEST OAKLAND PARK BLVD.
SUITE 206
SUNRISE FL 33351

3. Date Incorporated or Qualified: **10/03/1969**	3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-1272232**	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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 _____ (NAME: Registered Agent's printed name required when not typing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FELDMAN, MARK S.		1.2 NAME		
STREET ADDRESS	7800 W.OAKLAND PARK BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROUS, STANLEY		2.2 NAME		
STREET ADDRESS	7800 W.OAKLAND PARK BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRODIN, RICHARD		3.2 NAME		
STREET ADDRESS	7800 W.OAKLAND PARK BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EPSTEIN, GIL A.		4.2 NAME		
STREET ADDRESS	7800 W.OAKLAND PARK BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BIZER, WAYNE		5.2 NAME		
STREET ADDRESS	8411 W. OAKLAND PARK BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GREENBERG, MARVIN		6.2 NAME		
STREET ADDRESS	7421 N. UNIVERSITY DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 2/1/96 (954) 741-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)