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Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33351-1124
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3. Date Incorporated or Qualified 10/03/1969	3a. Date of Last Report 02/15/1996
4. FEI Number 59-1272232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Vice President/Sec't
NAME	GRUBBE, MICHAEL E	1.2 NAME	D'Amico, Rich
STREET ADDRESS	250 S. PARK AVE., #600	1.3 STREET ADDRESS	Three Lincoln Centre
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	5430 LBJ Freeway, #1540, Dallas, TX
TITLE	VPSD	2.1 TITLE	President
NAME	WHATLEY, THOMAS R JR	2.2 NAME	Moore, Emmett
STREET ADDRESS	250 S. PARK AVE., #600	2.3 STREET ADDRESS	5430 LBJ Freeway, #1540
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	Dallas, TX 75240
TITLE	VPD	3.1 TITLE	Vice President/Treasurer
NAME	BILLING, MITCHELL G	3.2 NAME	Owen, Rick
STREET ADDRESS	250 S. PARK AVE., #600	3.3 STREET ADDRESS	5430 LBJ Freeway, #1540
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	Dallas, TX 75240
TITLE	VPT	4.1 TITLE	
NAME	FRALEY, CONNIE G	4.2 NAME	
STREET ADDRESS	250 S. PARK AVE., #600	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	SWEERS, KATHRYN L	5.2 NAME	
STREET ADDRESS	250 S. PARK AVE., #600	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD W. GORDON MD

Date 1/15/97 (954) 741-5555

0292223

CR2E034 (9/96)