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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000004415 (3)

1. Corporation Name

INTERNATIONAL SOCIETY OF REFRACTIVE SURGERY, INC

Principal Place of Business

1175 SPRING CTR S BLVD #152  
ALTAMONTE SPRINGS FL 32714

Mailing Address

1175 SPRING CTR S BLVD #152  
ALTAMONTE SPRINGS FL 32714-1942



3. Date Incorporated or Qualified  
08/26/1996

3a. Date of Last Report  
Aug 26, 1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
72-0807717

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

9. Name and Address of Current Registered Agent

POFFENBERGER, JERRY W  
1175 SPRING CTR S BLVD #152  
ALTAMONTE SPRINGS FL 32714

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

1-30-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WERBLIN, THEODORE P MD PHD	
STREET ADDRESS	1051 STAFFIRD DR	
CITY - ST - ZIP	PRINCETON WV 24740	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ROBIN, JEFFREY B MD	
STREET ADDRESS	3755 ORANGE PL	
CITY - ST - ZIP	BEACHWOOD OH 44122	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POFFENBERGER, JERRY W	
STREET ADDRESS	506 SABAL TR CIR	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANE, STEPHEN S MD	
STREET ADDRESS	232 N MAIN ST	
CITY - ST - ZIP	STILLWATER MN 55802	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SLADE, STEPHEN G MD	
STREET ADDRESS	3900 ESSEX LN #101	
CITY - ST - ZIP	HOUSTON TX 77027-	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RUBENS BELFORT, MD
4.3 STREET ADDRESS	AL TEITE 415 APL
4.4 CITY - ST - ZIP	SAO PAULO, SP 01417-20 BRAZIL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T. DOYLE STULTING, MD
6.3 STREET ADDRESS	1365-B CLIFTON RD, NE
6.4 CITY - ST - ZIP	ATLANTA, GA 30322

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97

407-786-7446

Date

Daytime Phone # 0013188

CR2E037 (9/96)