

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

1175 SPRING CTR S BLVD #152  
ALTAMONTE SPRINGS FL 32714

1175 SPRING CTR S BLVD #152  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

72-0907717

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Elizabeth A. Best

82 Street Address (P.O. Box Number is Not Acceptable)

1175 Springs Centre South Blvd - Suite 152

83 City

Altamonte Springs FL

85 Zip Code

32714

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DC

STREET ADDRESS WERBLIN, THEODORE P MD PHD

CITY-ST-ZIP 1051 STAFFIRD DR

PRINCETON WV 24740

TITLE ☐ DELETE

NAME DC

STREET ADDRESS ROBIN, JEFFREY B MD

CITY-ST-ZIP 3765 ORANGE PL

BEACHWOOD OH 44122

TITLE ☒ DELETE

NAME D

STREET ADDRESS POFFENBERGER, JERRY W

CITY-ST-ZIP 508 SABAL TR CIR

LONGWOOD FL 32779

TITLE ☐ DELETE

NAME S

STREET ADDRESS RUBENS BELFORT MD

CITY-ST-ZIP AL TEITE 415 APT. 61

SAO PAULO SP

TITLE ☒ DELETE

NAME D

STREET ADDRESS SLADE, STEPHEN G MD

CITY-ST-ZIP 3900 ESSEX LN #101

HOUSTON TX

TITLE ☐ DELETE

NAME T

STREET ADDRESS R. DOYLE STULTING MD

CITY-ST-ZIP 1365-B CLIFTON RD., NE

ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME T

1.3 STREET ADDRESS Jonathan Talamo, MD

1.4 CITY-ST-ZIP 100 Charles River Plaza, 3rd Floor

Boston, MA 02114

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME DC

2.3 STREET ADDRESS David J. Schanzlin, MD

2.4 CITY-ST-ZIP 4500 Gilman Drive 0946

La Jolla, CA 92093-0946

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D

3.3 STREET ADDRESS Elizabeth A. Best

3.4 CITY-ST-ZIP 1770 Bobtail Drive

Orlando, FL 32810

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 16 1998 8:00am  
Secretary of State



CR2E037 (5/98)