

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # G56151

1. Entity Name

SIDNEY J. STERN VISUAL HEALTH CENTERS, P.A.



Principal Place of Business

7352 NW 34 ST
MIAMI, FL 33122

Mailing Address

TWO S UNIVERSITY DRIVE
SUITE 215
PLANTATION, FL 33324 US



01052006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2322977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYNN, BRIAN CPA
TWO SOUTH UNIVERSITY DRIVE
SUITE 215
PLANTATION, FL 33324

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000383137
01/12/06-80042-002-150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STERN, SIDNEY J
STREET ADDRESS 7352 NW 34 ST
CITY- ST- ZIP MIAMI, FL 33122

TITLE VPTD
NAME STERN-SKLAR, JODI
STREET ADDRESS 20131 NE 21 AVE
CITY- ST- ZIP MIAMI, FL 33179

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/06

351418-2025