2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G56151

1. Entity Name
SIDNEY J. STERN VISUAL HEALTH CENTERS, P.A.

Principal Place of Business	Mailing Address
7352 NW 34 ST MIAMI, FL 33122	TWO S UNIVERSITY DRIVE SUITE 215 PLANTATION, FL 33324 US

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2322977	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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01/17/07--80060-012 150.00

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: _____ 1/12/07   (305) 418-2020 +209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #