	NOW: FILING FEE A	FTER MAY 1ST IS	\$550.00	_ FI	LED	
PROFIT CORPORATION		FLORIDA DEPART		May 04 1998 8:00am		
ANNUAL REPORT Secretary 1008 DIVISION OF CO			Secreta			
	1998				ry or St	aic
1. Corporation	MENT # J27869	9 (3)				
ROBER	IT E. SHEIR, O.D., P.A.					
Principal Place of Business Mailing Address					I BIBIN BIBIN BIBIN BIBIN BIBIN	
20335 BISCAYNE BLVD. SUITE 38		20335 BISCAYNE BLVD. SUITE 38				
AVENTURA FI	L 33180	AVENTURA FL 33180		DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE	
				08/08/1986		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		59-2705628 5. Certificate of Status Desired	\$8.75 A	dditional
		City & State		6. Election Campaign Financing	Fee Red \$5.00 N	
Zap Country			0	Trust Fund Contribution	Added to	Fees
Zip 24	25 Country	Zıp	Country 30	 This corporation owes or has pai Personal Property Tax due June 		ngible No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Reg	sistered Agent	
	asser, gene K. 21 Tyler st.			dress (P.O. Box Number is Not Acceptable		
	LLYWOOD FL 33022			illess (P.O. Box Norliber is Not Acceptable		
			63			
			64 City		FL 85 Zip Ci	1
	o the provisions of Sections 607.050; agistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flor	s, the above-named cou thorized by the corpora ida Statutes.	poration submits this statement for the particular poration's board of directors. I hereby acceptions	urpose of changing its the appointment as re	registered egistered
	Signature, typed or printed name of registered age		Registered Agent signature requ		DATE	
12.	OFFICERS AND PST	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS Change	Addition P
NAME	SHEIR, ROBERT E.		1.2 NAME		_ •	_ 8
STREET ADDRESS	20335 BISCAYNE BLVD. AVENTURA FL		1.3 STREET ADDRESS			Addition C
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change	Addition S
NAME	SHEIR, ROBERT E.		2.2 NAME			
STREET ADDRESS CITY-ST-ZIP	20335 BISCAYNE BLVD. AVENTURA FL		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME CONCER ADDRESS			3.2 NAME			
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
STREET ADDRESS			4. 2 NAME			
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE	<u> </u>	Change	Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		Change	Addition

SIREET ADDRESS

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

SIGNATURE:

SIGNATURE:

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Robert Sheir

305/4322020