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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # J91887

1. Corporation Name

SUNRISE	e eye institute, inc.								
Principal Place	e of Business	Mailing Address				- 1 (80)(48 81)8 (840) (480) (414) (414)	1001 01011 010	H MINII NINII	AIGH STRILING
2500 NORTH UNIVERSITY DR 2500 NORTH UNIVERSITY DR									
#14 #14						DO NOT WRITE	IN THIS S	SPACE	
SUNRISE FL 33322 SUNRISE FL 33322						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						09/11/1987			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		<u>⊢</u> ,	26			59-2213789		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	l l			5. Certifcate of Status Desired			Additional
22		27	-: =		يب سيد .	3. Certificate of Status Dealied	<u> </u>		equired
City & Stat	te	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current		ngible □Yes	CHNo
24]	25	<u></u>	30		 	Personal Property Tax. 10. Name and Address of New Re			
	9. Name and Address of Cur	rent Registered Agent		81	Name	TO, Hama and Flactions of How Ha	g		
CUT	'Ler, seth				<u>.</u>	(700)	1-1		
	N UNIVERSITY DR			82	Street Addre	ess (P.O. Box Number is Not Acceptab	ile) .		1
#14			ţ	83					
SUN	IRISE FL 33322							Ingl. Zio	Code
	•			84	City		FL	85 Zip	Code
OTHICE OF I	registered agent, or both, in the Sta	ale of Fiorida. Such change was ac	u loi ized		ic corporation	n's board of directors. I hereby accept			•
agent. I a SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered		signature required		DATE	- DIDECT	000 11 40
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: AND DIRECTORS	Registered 13.	Agent :	signature required	when reinstating) ADDITIONS/CHANGES TO OFF			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS PST	agent and title if applicable. (NOTE:	Registered	Agent :	signature required			DIRECTO Change	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PST CUTLER, SETH B.	agent and title if applicable. (NOTE: AND DIRECTORS	Registered 13. 1.1 TIT 1.2 NA	Agent : LE ME					
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PST CUTLER, SETH B. 2500 N. UNIVERSITY DR	agent and title if applicable. (NOTE: AND DIRECTORS	Registered 13. 1.1 TIT 1.2 NA 1.3 STI	Agent : LE ME	ADORESS				
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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, or on any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MEQUIRED OF SIGNING OFFICER OR DIRECTOR