

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K61356 (7)

1. Corporation Name

THE CENTER FOR EYE SURGERY, INC.



Principal Place of Business

**3737 N. PINE ISLAND ROAD
SUNRISE FL 33351**

Mailing Address

**3737 N. PINE ISLAND ROAD
SUNRISE FL 33351**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/27/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0166179

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

**ENGLERT, RONALD G.
C/O HALEY, SINAGRA AND PEREZ, P.A.
110 EAST BROWARD BLVD. SUITE 650
FORT LAUDERDALE FL 33301**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
FELDMAN, MARK
7800 W OAKLAND PK BLVD
SUNRISE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
ROUS, STANLEY
7800 W OAKLAND PK BLVD
SUNRISE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
GRODIN, RICHARD
7800 W OAKLAND PK BLVD
SUNRISE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
BIZER, WAYNE
8411 W OAKLAND PK BLVD
SUNRISE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DS
STANLEY, HAROLD
1776 PINE ISLAND RD.
PLANTATION FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
GREENBERG, MARVIN
7710 NW 71ST CT.
TAMARAC FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

Daytime Phone #

CR2E034 (12/95)