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FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33351-6526

3. Date Incorporated or Qualified

01/27/1989

3a. Date of Last Report

04/16/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	D	DELETE
NAME	FELDMAN, MARK	
STREET ADDRESS	7800 W OAKLAND PK BLVD	
CITY-STATE-ZIP	SUNRISE FL	
TITLE	D	DELETE
NAME	ROUS, STANLEY	
STREET ADDRESS	7800 W OAKLAND PK BLVD	
CITY-STATE-ZIP	SUNRISE FL	
TITLE	D	DELETE
NAME	GRODIN, RICHARD	
STREET ADDRESS	7800 W OAKLAND PK BLVD	
CITY-STATE-ZIP	SUNRISE FL	
TITLE	D	DELETE
NAME	BIZER, WAYNE	
STREET ADDRESS	8411 W OAKLAND PK BLVD	
CITY-STATE-ZIP	SUNRISE FL	
TITLE	DS	DELETE
NAME	STANLEY, HAROLD	
STREET ADDRESS	1776 PINE ISLAND RD.	
CITY-STATE-ZIP	PLANTATION FL	
TITLE	PD	DELETE
NAME	GREENBERG, MARVIN	
STREET ADDRESS	7710 NW 71ST CT.	
CITY-STATE-ZIP	TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

Date

Daytime Phone #

0292282

CR2E034 (9/96)