

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/27/1989	
				4. FEI Number 65-0166179 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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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 date applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELDMAN, MARK		1.2 NAME		
STREET ADDRESS	7800 W OAKLAND PK BLVD		1.3 STREET ADDRESS		
CITY - ST - ZIP	SUNRISE FL		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROUS, STANLEY		2.2 NAME		
STREET ADDRESS	7800 W OAKLAND PK BLVD		2.3 STREET ADDRESS		
CITY - ST - ZIP	SUNRISE FL		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRODIN, RICHARD		3.2 NAME		
STREET ADDRESS	7800 W OAKLAND PK BLVD		3.3 STREET ADDRESS		
CITY - ST - ZIP	SUNRISE FL		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIZER, WAYNE		4.2 NAME		
STREET ADDRESS	8411 W OAKLAND PK BLVD		4.3 STREET ADDRESS		
CITY - ST - ZIP	SUNRISE FL		4.4 CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANLEY, HAROLD		5.2 NAME		
STREET ADDRESS	1776 PINE ISLAND RD.		5.3 STREET ADDRESS		
CITY - ST - ZIP	PLANTATION FL		5.4 CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBERG, MARVIN		6.2 NAME		
STREET ADDRESS	7710 NW 71ST CT.		6.3 STREET ADDRESS		
CITY - ST - ZIP	TAMARAC FL		6.4 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, or on an attachment with an address.

SIGNATURE:



2/5/98

(954)
572-5882

CP2E034 (10/97)