

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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90140 020 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K61356**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1989

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

28 Zip 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

OFFICERS AND DIRECTORS

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-99

954-572-5888

CR2E034 (11/98)

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