

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K61356**

1. Entity Name

**THE CENTER FOR EYE SURGERY, INC.****FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90022 028 \*\*\*150.00

Principal Place of Business

Mailing Address

**3737 N. PINE ISLAND ROAD  
SUNRISE FL 33351****3737 N. PINE ISLAND ROAD  
SUNRISE FL 33351-6528**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0166179**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. 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**

Name

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

City

**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

## 11. 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 checked="" 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	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #