

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L39928

**FILED  
Jan 31, 2006  
Secretary of State**

**Entity Name:** BROWARD EYE CENTER, INC.

**Current Principal Place of Business:**

C/O DR. CLAYTON M. BERGER  
201 SE 14TH STREET  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DR. CLAYTON M. BERGER  
201 SE 14TH STREET  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 65-0163040      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERGER, CLAYTON M. DR.  
201 SE 14TH STREET  
FORT LAUDERDALE, FL 33316      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** BERGER, CLAYTON M. D, R.  
**Address:** 201 SE 14TH ST  
**City-St-Zip:** FORT LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAYTON M. BERGER, M.D.

PRES

01/31/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date