

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39928

**FILED**  
**Feb 22, 2012**  
**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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BERGER, CLAYTON M. DR.  
**Address:** 201 SE 14TH ST  
**City-St-Zip:** FORT LAUDERDALE, FL 33316 US

I hereby 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 all other like empowered.

SIGNATURE: CLAYTON M. BERGER

PRES

02/22/2012

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

\_\_\_\_\_ Date