

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90020 046 \*\*\*150.00

**DOCUMENT # M62916**

1. Entity Name

**SOUTH BROWARD OPHTHALMOLOGY SYSTEMS, INC.**

Principal Place of Business

Mailing Address

% ALAN MENDELSON, MD  
 2740 HOLLYWOOD BLVD.  
 HOLLYWOOD FL 33020

% ALAN MENDELSON, MD  
 2740 HOLLYWOOD BLVD.  
 HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENDELSON, ALAN D., MD**  
**2740 HOLLYWOOD BLVD.**  
**HOLLYWOOD FL 33020**

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 reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDELSON, ALAN D., MD 2740 HOLLYWOOD BLVD. HOLLYWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FISHMAN, ARTHUR, MD 12251 TAFT STREET PEMBROKE PINES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Fishman, Arthur M. 2740 Hollywood Blvd. Hollywood FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPEN, GARY MD 3419 JOHNSON ST. HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Samuel M. Winn MD. 2740 Hollywood Blvd. Hollywood FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KURLAND, LOUIS M.D. 4420 SHERIDAN ST. HOLLYWOOD FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Alan D Mendelson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/01*  
 Date

*954-925-2740*  
 Daytime Phone #

CR2E034 (10/00)