

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M62916

1. Entity Name
SOUTH BROWARD OPHTHALMOLOGY SYSTEMS, INC.



Principal Place of Business
**% ALAN MENDELSON, MD
2740 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020**

Mailing Address
**% ALAN MENDELSON, MD
2740 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020**



07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0033664

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MENDELSON, ALAN D., MD
2740 HOLLYWOOD BLVD.
HOLLYWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
FISHMAN, ARTHUR, MD
2740 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
HOPEN, GARY MD
3419 JOHNSON ST.
HOLLYWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WINN, SAMUEL M.M.D.
2740 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

UN00000372964
07/15/05-80004-020 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

7-12-05 (954) 431-2777

Date

Daytime Phone #