

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M89700

FILED
Jul 09, 2010
Secretary of State

Entity Name: ASSOCIATED EYE PHYSICIANS CORPORATION

Current Principal Place of Business:

3737 PINE ISLAND ROAD
SUITE 650
SUNRISE, FL 33321

New Principal Place of Business:

Current Mailing Address:

7421 UNIV. DR
SUITE 109
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-1902681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A
7805 SW 6 CT
PLANTATION, FL 33324 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: SD
Name: STANLEY, HAROLD (M.D.)
Address: 1776 N. PINE ISLAND RD.
City-St-Zip: PLANTATION, FL

Title: D
Name: BIZER, WAYNE, D.O.
Address: 1001 S.W. 93 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: PD
Name: FELDMAN, MARK, M.D.
Address: 7800 W. OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL

Title: D
Name: GREENBERG, MARVIN, M.D.
Address: 7710 NW 71ST CT.
City-St-Zip: TAMARAC, FL

Title: D
Name: ROUS, STANLEY, M.D.
Address: 7800 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL

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: WAYNE BIZER, D.O.

D

07/09/2010

Electronic Signature of Signing Officer or Director

Date