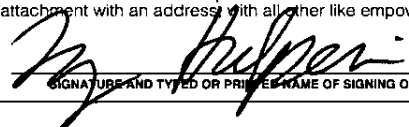


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90529 006 ****61.25

DOCUMENT # N01000002527					
1. Entity Name PALM BEACH COUNTY OPHTHALMOLOGY SOCIETY, INC.					
Principal Place of Business C/O MICHAEL LEVINE, MD, PA 1325 S CONGRESS AVE, STE. 107 BOYNTON BEACH, FL 33426			Mailing Address C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVE. #2800 MIAMI, FL 33131		
2. Principal Place of Business 46 Larry Halperin, MD Suite, Apt. #, etc. 5882 Windsor Terr City & State Boca Raton FL Zip 33496 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03192004 Chg-NP		CR2E037 (10/03)		4. FEI Number 65-1098105	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 2800 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALPERIN, LAWERENCE 950 GLADES ROAD, SUITE 1C BOCA RATON, FL 33431	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, MICHAEL MD 1325 S. CONGRESS AVE, STE. 107 BOYNTON BEACH, FL 33426	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANO, DAVID MD 1920 PALM BEACH LAKES BLVD., STE. 209 WEST PALM BEACH, FL 33401	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. 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 617, 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: 		4-13-04		561 995 0166	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	