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	Mailing Address
C/O MICHAEL LEVINE, MD,PA 1325 S CONGRESS AVE, STE. 107 BOYNTON BEACH, FL 33426	C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVE. #2800 MIAMI, FL 33131

03192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Larry Halperin, MD	
Suite, Apt. #, etc.: 5882 Windsor Terr	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State
Zip: 33496 Country: USA	Zip Country

4. FEI Number 65-1098105 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 2800 MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 5619950166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #