2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000944

1. Entity Name
BROWARD COUNTY EYE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O MCFATTER TECHNICAL MED.DEPT. 6500 NOVA DRIVE DAVIE, FL 33317	C/O MCFATTER TECHNICAL MED.DEPT. 6500 NOVA DRIVE DAVIE, FL 33317

01172007 No Chg-NP CR2E037 (4/06)

DO NOT [illegible] THIS SPACE

4. FEI Number
65-0622742

☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

[illegible]tered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

[illegible]gent signature required when reinstating) DATE

☐ **$5.00** May Be Added to Fees

000000598748
01/24/07-80088-010 61.25

10.	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	S[illegible]
STREET ADDRESS	264[illegible]
CITY-ST-ZIP	HOLL[illegible]
TITLE	S
NAME	BRAUSS[illegible]
STREET ADDRESS	1528 NE 4[illegible]
CITY-ST-ZIP	FORT LAUE[illegible]
TITLE	PD
NAME	BRAUSS, JAM[illegible]
STREET ADDRESS	1528 NE 4TH AV[illegible]
CITY-ST-ZIP	FORT LAUDERDA
TITLE	V
NAME	APAT, STEPHEN LD[illegible]
STREET ADDRESS	9677-8 BOCA GARDE[illegible]
CITY-ST-ZIP	BOCA RATON, FL 3349[illegible]
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
THIS SPACE

12. I hereby certify that the information supplied with[illegible] indicated on this report or supplemental report is t[illegible] of the corporation or the receiver or trustee empowe[illegible] changed, or on an attachment with an address, with[illegible]

[illegible]ther certify that the information [illegible] that I am an officer or director [illegible]ears in Block 10 or Block 11 if

SIGNATURE: Margaret A[illegible]
SIGNATURE AND TYPED OR PRINTED NA[illegible]

[illegible]ate

954-920-8741
Daytime Phone #

MARGARET A[illegible]