

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000944

FILED
Feb 04, 2009
Secretary of State

Entity Name: BROWARD COUNTY EYE FOUNDATION, INC.

Current Principal Place of Business:

C/O MCFATTER TECHNICAL MED.DEPT.
6500 NOVA DRIVE
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

C/O MCFATTER TECHNICAL MED.DEPT.
6500 NOVA DRIVE
DAVIE, FL 33317

New Mailing Address:

FEI Number: 65-0622742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRUMSKI, MARGARET A OD
2640 MCKINLEY ST.
HOLLYWOOD, FL 33020 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: D () Delete
Name: SCHATZ, SCOTT OD
Address: 9350 NW 13TH ST.
City-St-Zip: PLANTATION, FL 33322

Title: TD () Delete
Name: STRUMSKI, MARGARET A OD
Address: 2640 MCKINLEY ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: S () Delete
Name: BRAUSS, SANDRA LDO
Address: 1528 NE 4TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: PD () Delete
Name: BRAUSS, JAMES R OD
Address: 1528 NE 4TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: V () Delete
Name: APAT, STEPHEN LDO
Address: 9677-8 BOCA GARDEN CIRCLE N
City-St-Zip: BOCA RATON, FL 33496

Title: P () Delete
Name: MARTINEZ, RICHARD
Address: 6500 NOVA DR
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRAUSS, JAMES R OD
Address: 1528 NE 4TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET A. STRUMSKI, OD

TD

02/04/2009

Electronic Signature of Signing Officer or Director

Date