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ANNUAL REPORT

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:17

DOCUMENT # P92000011232 (5)

1. Corporate Name

EYE REFERRALS, INC.

Principal Place of Business	Mailing Address
1400 NE MIAMI GARDENS DRIVE SUITE 219 NORTH MIAMI BEACH FL 33179 US	1400 NE MIAMI GARDENS DRIVE SUITE 219 NORTH MIAMI BEACH FL 33179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1992	3a. Date of Last Report: 04/07/1994
4. FEI Number: 65-0373685	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAMES A. HORLAND, ESQ. 290 N.W. 165TH STREET PH4 MIAMI FL 33169	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LEE R. DUFFNER, M.D.	1.2 NAME	
STREET ADDRESS	2740 HOLLYWOOD BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	SAMUEL M. WINN, M.D.	2.2 NAME	
STREET ADDRESS	2740 HOLLYWOOD BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ALAN D. MENDELSOHN, M.D.	3.2 NAME	
STREET ADDRESS	2740 HOLLYWOOD BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	
TITLE	ESD	4.1 TITLE	☐ Change ☐ Addition
NAME	GARY M. STONE, M.D.	4.2 NAME	
STREET ADDRESS	1400 N.E. MIAMI GARDENS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33162	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	JOEL S. SANDBERG, M.D.	5.2 NAME	
STREET ADDRESS	2740 HOLLYWOOD BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 15 Feb 95 3059252740

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

0196142 CP