FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2740 HOLLYWOOD BLVD

HOLLYWOOD FL 33020

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000011232 (5)

EYE REFERRALS, INC.

Principal Place of Business

2740 HOLLYWOOD BLVD

HOLLYWOOD FL 33020

2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			65-0373685	No	t Applicable	
Suite, Apt. #, etc.		Suile, Apl. #, etc.			E Constitution of Division Desired	□ \$8.75 A	Additional	
22		27			Certificate of Status Desired	Fee Re	quired	
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t		
Zip	Country	Zφ	Country		8. This corporation owes or has paid		angible	
24	25	29	30		Personal Property Tax due June 3] No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent		
DOFFNER, LEE R M.D.				81 Name DUFFNER, LEE R M.D.				
2740 HOLLYWOOD BLVD			82 5	82 Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33020				on our radices (1.0. box rainbor to recrease)				
			⁸³ 2	740 H	OLLYWOOD BLVD			
			84 (HO	LLYWOOD	FL 85 336	020	
11. Pursuant to	o the provisions of Sections 607,0502	and 607.1508, Florida Statu	itos, the above-n	anied corp	oration submits this statement for the pu	rpose of changing its	s registered	
Office or re	egistered agent, or both, in the State of th	ll Florida. Such change was ions of Section 607 0505. E	authorized by the	e corporati	on's board of directors. I hereby accept	the appointment as r	registered	
ĺ	The state of the s	iona on, decitor, deriodob, t	ionaa Ojaiotob.					
SIGNATURE	Signature, typed or printed name of registered agent	and life if applicable (NC	II Registered Agent s	gnature requir	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 12	
TITLE	P	DELETE	1.1 TITLE			K Change	Addition	
NAME	DUFFNER, LEE R M.D.		1.2 NAME	- 1				
STREET ADDRESS	185 OCEAN BLVD		1.3 STREET ADD	DRESS				
CITY-ST-ZIP	GOLDEN BEACH FL 33060		1,4 C(1Y - S1 - Z	_{IP}		33160		
TITLE	VP	OELETE	2.1 TITLE	_ _		Change	Addition	
NAME	MENDELSOHN, ALAN M.D.		2.2 NAME	Ì				
STREET ADDRESS	3101 N. 47TH AVE		2.3 STREET ADD	DRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY-ST-2					
FITLE	Ť	DELETE	3.1 TITLE			Change	☐ Addition	
NAME	SANDBERG, JOEL M.D.		3.2 NAME					
STREET ADDRESS	19010 NE 20TH AVE		3.3 STREET ADD	DRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		3 4. C(1Y - SI - 7	i			Ì	
TITLE	\$	DELETE	41 TITLE			Change	Addition	
NAME	WINN, SAMUEL M.D.	<u>-</u> -	4. 2 NAME			•	-	
STREET ADDRESS	301 S. 10TH AVE		4.3 STREET ADD	ngeog				
	HOLLYWOOD FL 33019							
CITY-ST-ZIP TITLE	UOTT MOOD LE 32018	DELETE	4.4 CITY - ST - Z	r		Change	Addition	
1 1	•	had totalle				January Vitariyo		
NAME	FISHMAN, ARTHUR M.D.		5.2 NAME					
STREET ADDRESS	5321 N. 36TH COURT		53 STREET ADD	IRESS				

5.4 CiTY - ST - 7/P

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

HOLLYWOOD FL 33021

1400 NE MIAMI GARDENS DRIVE., STE 219

STONE, GARY M.D.

DELETE.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Prortia Statutes Hurther 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 eath; 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 within address.

LANE, ALAN S M.D.

4201 CASPER CT.

Change

Addition

FILED Feb 11 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1992