


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

FILED  
Feb 11 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P92000011232 (5)</b> 1. Corporation Name <b>EYE REFERRALS, INC.</b>					
Principal Place of Business <b>2740 HOLLYWOOD BLVD HOLLYWOOD FL 33020 US</b>			Mailing Address <b>2740 HOLLYWOOD BLVD HOLLYWOOD FL 33020 US</b>		
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>12/11/1992</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>65-0373685</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>29</b> Country	<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>8. Name and Address of Current Registered Agent</b> <b>DOFFNER, LEE R M.D. 2740 HOLLYWOOD BLVD HOLLYWOOD FL 33020</b>			<b>10. Name and Address of New Registered Agent</b>		
			<b>81</b> Name	<b>DUFFNER, LEE R M.D.</b>	
			<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
			<b>83</b>	<b>2740 HOLLYWOOD BLVD</b>	
			<b>84</b> City	<b>HOLLYWOOD</b>	<b>85</b> Zip Code <b>FL 33020</b>
<b>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.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>DUFFNER, LEE R M.D.</b>	<b>1.2 NAME</b>			
<b>STREET ADDRESS</b>	<b>185 OCEAN BLVD</b>	<b>1.3 STREET ADDRESS</b>		<b>33160</b>	
<b>CITY-ST-ZIP</b>	<b>GOLDEN BEACH FL 33080</b>	<b>1.4 CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>MEDELSON, ALAN M.D.</b>	<b>2.2 NAME</b>			
<b>STREET ADDRESS</b>	<b>3101 N. 47TH AVE</b>	<b>2.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>HOLLYWOOD FL 33021</b>	<b>2.4 CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>SANDBERG, JOEL M.D.</b>	<b>3.2 NAME</b>			
<b>STREET ADDRESS</b>	<b>19010 NE 20TH AVE</b>	<b>3.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>N. MIAMI BEACH FL 33179</b>	<b>3.4 CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>S</b> <input type="checkbox"/> DELETE	<b>4.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>WINN, SAMUEL M.D.</b>	<b>4.2 NAME</b>			
<b>STREET ADDRESS</b>	<b>301 S. 10TH AVE</b>	<b>4.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>HOLLYWOOD FL 33019</b>	<b>4.4 CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>5.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>FISHMAN, ARTHUR M.D.</b>	<b>5.2 NAME</b>			
<b>STREET ADDRESS</b>	<b>5321 N. 38TH COURT</b>	<b>5.3 STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>HOLLYWOOD FL 33021</b>	<b>5.4 CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> DELETE	<b>6.1 TITLE</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>NAME</b>	<b>STONE, GARY M.D.</b>	<b>6.2 NAME</b>		<b>D</b>	
<b>STREET ADDRESS</b>	<b>1400 NE MIAMI GARDENS DRIVE., STE 219</b>	<b>6.3 STREET ADDRESS</b>		<b>LANE, ALAN S M.D.</b>	
<b>CITY-ST-ZIP</b>	<b>NORTH MIAMI BEACH FL 33179</b>	<b>6.4 CITY-ST-ZIP</b>		<b>4201 CASPER CT.</b>	

SIGNATURE:

*[Handwritten Signature]* 3 Feb 98 9:54 925  
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CR2E034 (10/97)