SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000058891 (1)**

1. Corporation Name
SIDNEY J. STERN VISUAL HEALTH CENTER OF SUNRISE, INC.

Principal Place of Business
20801 BISCAYNE BLVD
SUITE 303
NORTH MIAMI BEACH FL 33180

Mailing Address
20801 BISCAYNE BLVD
SUITE 303
NORTH MIAMI BEACH FL 33180

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 08/22/1995

2. Principal Place of Business
21 8732 Sunset Drive
Suite, Apt #, etc
22
City & State
23 Miami, Florida
Zip 24 33173
Country 25 USA

2a. Mailing Address
26 8732 Sunset Drive
Suite, Apt #, etc
27
City & State
28 Miami, Florida
Zip 29 33173
Country 30 USA

4. FEI Number: NOT APPLICABLE — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $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 [X] No

9. Name and Address of Current Registered Agent
MARGULES, SCOTT
20801 BISCAYNE BLVD
SUITE 303
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
81 Name: Brian Lynn, C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Two South University Drive
83 Suite 215
84 City: Plantation FL
85 Zip Code: 33324

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: Brian [signature] CPA — (CORP. Registered Agent signature required when changing) — DATE: 8/6/96

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STERN, SIDNEY J DR
STREET ADDRESS	8746 SUNSET DR
CITY-ST-ZIP	MIAMI FL

[ ] DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[ ] DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[ ] DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[ ] DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[ ] DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

[ ] Change [ ] Addition

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

[ ] Change [ ] Addition

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

[ ] Change [ ] Addition

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

[ ] Change [ ] Addition

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

[ ] Change [ ] Addition

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

[ ] Change [ ] Addition

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***233.75

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8/6/96

Daytime Phone: 305 595 8370

CR2E034 (3/96)