FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUN -9 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000088400 (5)**

1. Corporation Name
EYE CARE OF BROWARD, INC.

Principal Place of Business	Mailing Address
2740 HOLLYWOOD DRIVE HOLLYWOOD FL 33020-4899 US	2740 HOLLYWOOD BLVD. HOLLYWOOD FL 33020-4899 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0457710** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 | Country — 25
Zip — 29 | Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JACOBSON, JAMES CARY
3363 SHERIDAN STREET
STE. 204
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DUFFNER, LEE	12 NAME	
STREET ADDRESS	2740 HOLLYWOOD BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020-4899	14 CITY-ST-ZIP	300001510633
TITLE	VP	21 TITLE	-06/12/95--01 ☐ Change ☐ Addition
NAME	FISHMAN, ALAN	22 NAME	****200.00 ****200.00
STREET ADDRESS	2740 HOLLYWOOD BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	300001510633
TITLE	S	31 TITLE	-06/12/95--01 ☐ Change ☐ Addition
NAME	BRAVERMAN, HOWARD	32 NAME	*****25.00 *****25.00
STREET ADDRESS	2740 HOLLYWOOD BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	WINN, SAMUEL	42 NAME	
STREET ADDRESS	2740 HOLLYWOOD BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Lee M. Winn, MD — 5/3/95 — 305-625-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0080181 CP