

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000088400 (5)

1. Corporation Name

EYE CARE OF BROWARD, INC.

Principal Place of Business

2740 HOLLYWOOD DRIVE
HOLLYWOOD FL 33020-4899
US

Mailing Address

2740 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020-4899
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1993

4. FEI Number
65-0457710

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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 LEE R. DUFFNER, M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
2740 Hollywood Blvd.
83
84 City Hollywood FL 85 Zip Code 33020

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

23 Mar 98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DUFFNER, LEE
STREET ADDRESS 2740 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33020-4899

TITLE VP ☐ DELETE
NAME FISHMAN, ALAN
STREET ADDRESS 2740 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL

TITLE S ☐ DELETE
NAME LANE, M.D. ALAN
STREET ADDRESS 2740 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL

TITLE Y ☐ DELETE
NAME WINN, SAMUEL
STREET ADDRESS 2740 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE
NAME TREASURER
STREET ADDRESS SANDBERG, JOEL
CITY-ST-ZIP 2740 HOLLYWOOD BVD
HOLLYWOOD, FL

TITLE D ☐ DELETE
NAME MENDELSON, ALAN
STREET ADDRESS 2740 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TREASURER ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 of registered agent

3/6/98

2740-2740

CR2E034 (10/97)