

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

| | | | |
|---|--|--|--|
| DOCUMENT # P94000045662 | |  | |
| 1. Entity Name SOUTH FLORIDA LASER EYE CENTER, INC. | | | |
| Principal Place of Business 8051 W. SUNRISE BLVD PLANTATION, FL 33322 US | | Mailing Address 8051 W. SUNRISE BLVD PLANTATION, FL 33322 US | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01082004 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 65-0505235 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TAVAKKOLI, HASSAN 8051 W. SUNRISE BLVD PLANTATION, FL 33322 | | DO NOT WRITE IN THIS SPACE | |
| | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE U000000010351 01/22/04-80028-008 150.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TAVAKKOLI, HASSAN 8051 W. SUNRISE BLVD PLANTATION, FL 33322 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. | | | |
| SIGNATURE: <u>H. Tavakkoli</u> Hassan Tavakkoli | | Date: <u>1-17-04</u> 954-474-2900 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Daytime Phone #</small> | |