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FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000052920 (3)

1. Corporation Name

PEDIATRIC OPHTHALMOLOGY AND STRABISMUS CENTER, P
.A.

Principal Place of Business

7800 W. OAKLAND PARK BLVD
SUNRISE FL 33351
US

Mailing Address

% 110 EAST BROWARD BLVD.
SUITE 650 - ONE CORPORATE PLAZA
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

07/18/1994

3a. Date of Last Report

02/15/1996

4. FEI Number

65-0506771

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 One Financial Plaza

27 Suite, Apt. #, etc.

Suite 1900

28 City & State

Fort Lauderdale, FL

29 Zip

33394

30 Country

USA

9. Name and Address of Current Registered Agent

SINAGRA, FRANK J ESQ.
HALEY, SINAGRA & PEREZ, P.A.
110 E. BROWARD BOULEVARD, SUITE 650
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

Frank J. Sinagra, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

Haley, Sinagra & Perez, P.A.

83

One Financial Plaza, Suite 1900

84 City

Fort Lauderdale,

FL

85 Zip Code

33394

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

Frank J. Sinagra, Esquire-1/10/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME
FELDMAN, MARK S M.D.
STREET ADDRESS
7800 W OAKLAND PARK BLVD.
CITY - ST - ZIP
SUNRISE FL

TITLE ☐ DELETE

V
NAME
BIZER, WAYNE D
STREET ADDRESS
8411 W OAKLAND PARK BLVD
CITY - ST - ZIP
SUNRISE FL

TITLE ☐ DELETE

S
NAME
EPSTEIN, GIL A M.D.
STREET ADDRESS
7800 W OAKLAND PARK BLVD
CITY - ST - ZIP
SUNRISE FL

TITLE ☐ DELETE

D
NAME
GRODIN, RICHARD W M.D.
STREET ADDRESS
7800 W OAKLAND PARK BLVD
CITY - ST - ZIP
SUNRISE FL

TITLE ☐ DELETE

D
NAME
ROUS, STANLEY M M.D.
STREET ADDRESS
7800 W OAKLAND PARK BLVD
CITY - ST - ZIP
SUNRISE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ 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 do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)