

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074112 (1)

1. Corporation Name

CENTER FOR EXCELLENCE IN EYE CARE, P.A.

Principal Place of Business

Mailing Address

8600 SW 92ND ST SUITE 204
MIAMI FL 33156

8600 SW 92ND ST SUITE 204
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

2. Date incorporated or created

3a. Date of last report

10/06/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0533762

Not Applicable

Suite Apt # etc

Suite Apt # etc

\$8.75 Additional

Fee Required

22. City, St, Zip

27. City, St, Zip

5. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

23. Zip

Country

28. Zip

Country

6. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☐ Yes ☐ No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER G GRUBER PA
9100 S DADELAND BLVD
SUITE 910
MIAMI FL 33156

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME TRATTLER, HENRY L MD
STREET ADDRESS 8600 SW 92ND ST SUITE 204
CITY-ST-ZIP MIAMI FL 33156

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

☐ Change ☐ Addition

TITLE DS
NAME LIEBERMAN, WARREN MD
STREET ADDRESS 8600 SW 92ND ST SUITE 204
CITY-ST-ZIP MIAMI FL 33156

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

☐ Change ☐ Addition

TITLE DV
NAME FISHER, JEROME P MD
STREET ADDRESS 8600 SW 92ND ST SUITE 204
CITY-ST-ZIP MIAMI FL 33156

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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 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

3/15/95 305-598-2020
Date Chapter 607.0505