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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

10/06/1994

3a. Date of Last Report

04/21/1995

4. FEI Number

65-0533762

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 of the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

TRATTLER, HENRY L MD

STREET ADDRESS

8600 SW 92ND ST SUITE 204

CITY-ST-ZIP

MIAMI FL 33156

TITLE

DS

☐ DELETE

NAME

LIEBERMAN, WARREN MD

STREET ADDRESS

8600 SW 92ND ST SUITE 204

CITY-ST-ZIP

MIAMI FL 33156

TITLE

DV

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NAME

FISHER, JEROME P MD

STREET ADDRESS

8600 SW 92ND ST SUITE 204

CITY-ST-ZIP

MIAMI FL 33156

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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:

Henry L Trattler MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96
DATE

305-598-2020
TELEPHONE #

CR2E034 (12/95)