2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P94000089601

Entity Name: FORT LAUDERDALE EYE INSTITUTE, INC.

Current Principal Place of Business:

7800 W. OAKLAND PARK BLVD.
SUITE 206
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

7800 W. OAKLAND PARK BLVD.
SUITE 206
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0560968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOPELOWITZ, HARVEY
7251 PALMETTO PARK RD
STE 301
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: EPSTEIN, GIL M
Address: 7800 W. OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL

Title: D ( ) Delete
Name: ROUS, STANLEY M M.D.
Address: 7800 W. OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL

Title: D ( ) Delete
Name: BURGESS, STUART
Address: 7800 W. OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL

Title: D ( ) Delete
Name: SKOLNICK, KEITH A
Address: 7800 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: EPSTEIN, GIL M
Address: 7800 W. OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: LARA, TIRSO M
Address: 7800 W. OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIL A. EPSTEIN, MD PRES 02/24/2009

Electronic Signature of Signing Officer or Director Date