

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089601

FILED  
Jan 11, 2010  
Secretary of State

**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 (X)**

**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:**

KOPELOWITZ, HARVEY  
8059 VALHALLA DRIVE  
DELRAY BEACH, FL 33446 US

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:

01/11/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S  
Name: EPSTEIN, GIL A  
Address: 7800 W. OAKLAND PARK BLVD.  
City-St-Zip: SUNRISE, FL 33351 US

Title: D  
Name: ROUS, STANLEY M M.D.  
Address: 7800 W. OAKLAND PARK BLVD.  
City-St-Zip: SUNRISE, FL 33351 US

Title: D  
Name: BURGESS, STUART K  
Address: 7800 W. OAKLAND PARK BLVD  
City-St-Zip: SUNRISE, FL 33351 US

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

Title: D  
Name: LARA, TIRSO M  
Address: 7800 W. OAKLAND PARK BLVD. STE 206  
City-St-Zip: SUNRISE, FL 33351 US

I hereby 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 all other like empowered.

SIGNATURE: GIL A. EPSTEIN, MD

S

01/11/2010

Electronic Signature of Signing Officer or Director

Date