2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 24, 2012
Secretary of State

DOCUMENT# P94000089601

Entity Name: FORT LAUDERDALE EYE INSTITUTE, INC.

Current Principal Place of Business:

850 S. PINE ISLAND ROAD
SUITE A-100
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

850 S. PINE ISLAND ROAD
SUITE A-100
PLANTATION, FL 33324 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
8059 VALHALLA DRIVE
DELRAY BEACH, FL 33446 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

OFFICERS AND DIRECTORS:

Title: S
Name: EPSTEIN, GIL A
Address: 850 S PINE ISLAND ROAD SUITE A-100
City-St-Zip: PLANTATION, FL 33324 US

Title: D
Name: ROUS, STANLEY M M.D.
Address: 850 S. PINE ISLAND ROAD SUITE A-100
City-St-Zip: PLANTATION, FL 33324 US

Title: D
Name: BURGESS, STUART K
Address: 850 S. PINE ISLAND ROAD SUITE A-100
City-St-Zip: PLANTATION, FL 33324 US

Title: D
Name: SKOLNICK, KEITH A
Address: 850 S. PINE ISLAND ROAD SUITE A-100
City-St-Zip: PLANTATION, FL 33324 US

Title: D
Name: LARA, TIRSO M
Address: 850 S. PINE ISLAND ROAD SUITE A-100
City-St-Zip: PLANTATION, FL 33324 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 05/24/2012

Electronic Signature of Signing Officer or Director Date