

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 21 1997 8:00am
Secretary of State

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # P95000044567 (2)

1. Corporation Name
BAPTIST EYE CENTER, INCORPORATED



| | |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business 8950 NORTH KENDALL DRIVE MIAMI FL 33158 | Mailing Address 8950 NORTH KENDALL DRIVE MIAMI FL 33176-2144 |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 06/08/1995 | 3a. Date of Last Report 06/20/1996 |
| 4. FEI Number APPLIED FOR | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|-------------------------------------------------------------|---------------------------------------------------|
| 2. Principal Place of Business 8940 N. Kendall Dr | 2a. Mailing Address 8940 N. Kendall Dr. |
| 21. Suite, Apt. #, etc. #703E | 26. Suite, Apt. #, etc. #703E |
| 22. City & State Miami Fla | 27. City & State Miami Fla |
| 23. Zip 33176 | 28. Zip 33176 |
| 24. Country USA | 29. Country USA |

9. Name and Address of Current Registered Agent
**ROSENBERG, STANLEY
 8950 N.KENDALL DRIVE
 MIAMI FL 33158**

10. Name and Address of New Registered Agent

| |
|------------------------------------------------------------------------------------------|
| 81 Name Stanley Rosenberg |
| 82 Street Address (P.O. Box Number is Not Acceptable) 8940 N. Kendall Dr #703E |
| 83 |
| 84 City Miami |
| 85 Zip Code FL 33176 |

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|--------------------------------------------------|---------------------------------|
| TITLE D | <input type="checkbox"/> DELETE |
| NAME ROSENBERG, STANLEY | |
| STREET ADDRESS 8950 N KENDALL DR #703E | |
| CITY-ST-ZIP MIAMI FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | Change address as above |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **9/1/97** DAYTIME PHONE #: **305 279 3400**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)