

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**  
07-27-1999 90003 033 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000047900**  
1. Corporation Name  
**OPHTHALMOLOGY ASSOCIATES, P.A.**

Principal Place of Business  
4900 W OAKLAND PARK BLVD.  
SUITE 205  
LAUDERDALE LAKES FL 33313

Mailing Address  
4900 W OAKLAND PARK BLVD.  
SUITE 205  
LAUDERDALE LAKES FL 33313



2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified  
06/20/1995  
4. FEI Number  
65-0649268  
5. Certificate of Status Desired  
\$8.75 Additional Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be Added to Fees  
8. This corporation owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
BREIT, RICHARD H  
3111 STIRLING ROAD  
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, MARC J	1.2 NAME	
STREET ADDRESS	4900 W.OAKLAND PARK BLVD. #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:**  7/6/99 (954) 739-6537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)



P95000047900  
595877-90063-33

## OPHTHALMOLOGY ASSOCIATES, P.A.

MARC J. GOLDBERG, M.D., F.A.C.S., F.R.C.S.(C)  
Diplomate American Board of Ophthalmology

☒ FMC-North Building  
4900 W. Oakland Park Blvd., Suite 205  
Lauderdale Lakes, FL 33313  
TEL: 954-739-6533 • FAX: 954-739-6773

☐ Cross Medical Building  
2334 N.E. 53rd Street  
Ft. Lauderdale, FL 33308  
TEL: 954-776-2020 • FAX: 954-776-1442

July 6, 1999

Dear Sir or Madame:

I did not receive my first notice from you about the 1999 Profit Corp. annual report dues. I did receive this second notice.

Therefore, I am sending you a cheque for \$150<sup>00</sup> and hope this will suffice. If there is a problem, please

contact my accountant: George R. Ponczek, CPA

~~4% Florida Medical Management Consultants, Inc.~~  
224 Commercial Blvd. (Suite 200)

Lauderdale By The Sea, FL 33308

Phone (954) 351-0336

Thank you in advance for your cooperation.

Yours truly

Man / Hubby M.D.