

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P95000060723**

1. Corporation Name

SOUTH FLORIDA OPHTHALMICS, INC.

Principal Place of Business

**2001 S CONFERENCE DR
BOCA RATON FL 33486**

Mailing Address

**2001 S CONFERENCE DR
BOCA RATON FL 33486**

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90001 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1995

4. FEI Number

45-0640369

Applied For

Not Applicable

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

2. Principal Place of Business **5901 Town Bay Dr**

2a. Mailing Address

P.O. Box 276154

Suite, Apt. #, etc.

Suite, Apt. #, etc.

No. 827

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33486

Country

U.S.A.

Zip

33427-6154

Country

U.S.A.

9. Name and Address of Current Registered Agent

**LA FEVERS, LUCIA
2001 S CONFERENCE DR
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

LA FEVERS, LUCIA

82 Street Address (P.O. Box Number is Not Acceptable)

5901 Town Bay Dr.

83

No. 827

84 City

Boca Raton,

FL

85 Zip Code

33486

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **LA FEVERS, LUCIA**
STREET ADDRESS **2001 S CONFERENCE DR**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VP** ☒ DELETE

NAME **LA FEVERS, WILLIAM**
STREET ADDRESS **2001 S CONFERENCE DR**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

LA FEVERS, LUCIA

07/12/99

(561) 391-5953

CR2E034 (5/99)

0083117

596069-9001-25
P95000060723

July 12, 1999

Division of Corporation
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document No. P95000060723

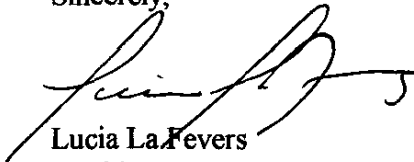
To whom it may concern:

In January of this year, there was a change of both physical and mailing address for this corporation, South Florida Ophthalmics, Inc. A change of address was submitted. However, it appears it was never received.

Recently, I received the 2nd notice 1999 Profit Corporation Annual Report Packet. It was forwarded by the Postal Service. Unfortunately, the first mailing was never received nor forwarded.

I respectfully request consideration in this matter. I am sending the packet filled out with an enclosed fee of \$150.00, the fee requested annually by the State. I thank you for your attention to this matter.

Sincerely,



Lucia LaFevers
President
South Florida Ophthalmics, Inc.