

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064484 (5)

1. Corporation Name

BOYNTON BEACH EYE CARE CENTER, P.A.



Principal Place of Business

Mailing Address

3615 WOOLBRIGHT RD
SUITE 28
BOYNTON BEACH FL 33436

3615 WOOLBRIGHT RD
SUITE 28
BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified

08/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVA, PAUL M
12430 VISTA ISLE DR #1328
SUNRISE FL 33325

81 Name

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

83

84 City

FL

85

Zip Code

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

Paul M. Silva, MD President - Director Paul M. Silva, MD

1/18/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

1.4 TITLE ☐ DELETE

NAME

1.5 STREET ADDRESS

1.6 CITY - ST - ZIP

1.7 TITLE ☐ DELETE

NAME

1.8 STREET ADDRESS

1.9 CITY - ST - ZIP

1.10 TITLE ☐ DELETE

NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE ☐ DELETE

NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE ☐ DELETE

NAME

1.17 STREET ADDRESS

1.18 CITY - ST - ZIP

1.19 TITLE ☐ DELETE

NAME

1.20 STREET ADDRESS

1.21 CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Paul M. Silva, MD President - Director 1/18/96 (407) 737-9351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Minute/Phone #

CR2E034 (12/95)