

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90118 010 ***150.00

DOCUMENT # P95000074851

1. Entity Name

QUALITY EYE CARE, INC.

Principal Place of Business

2740 HOLLYWOOD BLVD.
#1
HOLLYWOOD FL 33020

Mailing Address

2740 HOLLYWOOD BLVD.
#1
HOLLYWOOD FL 33020

60010191



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0611796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENNIS, DENISE
2740 HOLLYWOOD BLVD.
#1
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete
NAME **DUFFNER, LEE**
STREET ADDRESS **185 OCEAN BLVD.**
CITY-ST-ZIP **GOLDEN BEACH FL 33160**

TITLE **P** ☒ Delete
NAME **LANE, ALAN**
STREET ADDRESS **4201 CASPER CT.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **V** ☐ Delete
NAME **FISHMAN, ARTHUR**
STREET ADDRESS **5321 W 36 CT**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **S** ☐ Delete
NAME **SANDBERG, JOEL**
STREET ADDRESS **19010 NE 20 AVE**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **T** ☐ Delete
NAME **WINN, SAMUEL**
STREET ADDRESS **301 S 10TH AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **BMD** ☐ Delete
NAME **MENDELSON, ALAN**
STREET ADDRESS **2740 HOLLYWOOD BLVD.**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Medical Director / Pres.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Mark S. Dorfman Pres** ☐ Change ☒ Addition
NAME **2740 Hollywood Blvd.**
STREET ADDRESS **Hollywood FL 33020**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Samuel Winn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL M. WINN

1/19/01

954-925-2740
Date Daytime Phone #

CR2E034 (10/00)