

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000040179 (9)

1. Corporation Name  
HEALTHSIGHT, INC.

Principal Place of Business  
3218 PONCE DE LEON BLVD.  
MIAMI FL 33134

Mailing Address  
3218 PONCE DE LEON BLVD.  
MIAMI FL 33134-7239

APPROVED  
AND  
FILED

97 AUG 25 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                |  |                        |  |  |  |                                |  |
|--------------------------------|--|------------------------|--|--|--|--------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>05/08/1996  |  | 3a. Date of Last Report        |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br>applied for   |  | Applied For<br>Not Applicable  |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees    |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                              |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 |  |  |  | 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALVAREZ, HENRY M.D.               | 1.2 NAME  |   |
| STREET ADDRESS             | 3218 PONCE DE LEON BLVD.          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33134                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 2.1 TITLE   | 4000002277854-001   |
| NAME                       |                                   | 2.2 NAME  | -08/26/97--01034--007   |
| STREET ADDRESS             |                                   | 2.3 STREET ADDRESS                                    | ****165.00 ****165.00   |
| 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 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.

CR2E034 (9/96)

*Henry Alvarez, M.D., P.A.*

Cornea, External Disease and Uveitis  
Diseases and Surgery of the Eye

pg. 2 of 2  
Diplomate of the American Board of Ophthalmology

Tel. (305) 444-7192  
Fax (305) 444-5977

August 15, 1997

Ms Amy Alan  
Florida Dept. of State  
Reinstatement Section  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Henry Alvarez M.D. P.A. # L59494  
HealthSight Inc. # P96000040179 (9)

Dear Ms Alan:

As I described to you during our telephone conversation last Friday, August 15, 1997, I have been on sick leave since mid April and returned on a part time basis last week. Therefore, the filing of the 1997 Profit Corporation Annual Report for both Henry Alvarez, M.D. P.A. and HealthSight, Inc. respectively were not submitted by the May 1st deadline thereby possibly forfeiting the filing fee of \$165.

Although we do have an account payable clerk on staff, it has always been my responsibility to personally file these. Due to my absence, these, along with other important matters, were not taken care of. As per our conversation, I am enclosing each completed and signed report along with their corresponding check for \$165 each.

I thank you for your understanding and attention in this matter. Should you need to reach me please call (305)-444-7192 and press option #1.

Sincerely,



Ilida Alvarez  
Practice Administrator