

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 NOV -5 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

APPLIED FOR 65-0676363

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name HENRY ALVAREZ, M.D.

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

3218 PONCE DE LEON BOULEVARD

83

84 City Coral Gables

FL

85

Zip Code 33134

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 *Henry Alvarez, M.D.* Henry Alvarez, M.D.

11/3/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALVAREZ, HENRY M.D.	
STREET ADDRESS	3218 PONCE DE LEON BLVD.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	000002684610-5
3.4 CITY-ST-ZIP	-11/10/98-01069-008
	****158.75 ****158.75
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Signature of Henry Alvarez, M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/26/98 305-4447192

0039247

CR2E034 (5/98)

2

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

Diplomate of the American Board of Ophthalmology

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

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

September 29, 1998

Florida Department of State  
Reinstatement Section  
409 East Gaines Street  
Tallahassee, Fl 32399

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

To Whom This May Concern:

As I explained to Tyron during our telephone conversation today, Tuesday, September 29, 1998, we did not receive the first notice for either of the above mentioned corporations. Please note that both corporations have mistakes in their respective addresses. HealthSight, Inc. is listed as Miami instead of Coral Gables and Henry Alvarez, M.D., P.A. is listed as Suite 203 which does not exist. This could account for why we did not receive the notices.

I have been on sick leave since mid-April 1997 working on a very limited part time basis. Since January 1998 I have had to reduce my working hours even further. It has come to my attention today that this has not been taken care of since this still falls under one of my responsibilities.

Pursuant to my conversation with Tyron, I am sending this letter addressed "To Whom It May Concern". Enclosed please find the 1998 Profit Corporation Annual Report Packet for each of the two corporations. In addition, as Tyron indicated to me I am sending the initial fee of \$150.00 and the additional \$8.75 fee required for the Certificate for Status Desired for each corporation.

I thank you for your understanding and attention in this matter. Should you need to reach me please call 305-444-7192 and press 1 between 9:30am and 5:00pm Monday-Friday.

Sincerely,



Ilida Alvarez  
Practice Administrator

Enclosures