

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # P97000005826 (7)

1. Corporation Name
SOUTH FLORIDA EYE CARE, INC.

Principal Place of Business
208 S.E. 9TH STREET
FORT LAUDERDALE FL 33316

Mailing Address
208 S.E. 9TH STREET
FORT LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1150 West 20th Avenue

Suite, Apt. #, etc.

22 City & State
Hialeah, Florida

23 Zip 33017 Country Dade

2a. Mailing Address
26 1150 West 20th Avenue

Suite, Apt. #, etc.

27 City & State
Hialeah, Florida

28 Zip 33017 Country Dade

3. Date Incorporated or Qualified
01/21/1997

4. FEI Number 650793316 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

CHARBONNEAU, ROBERT P ESO.
REGGIS DAVID SANGER, P.A.
208 S.E. 9TH STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 ☐ DELETE

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
-------	------	----------------	-------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
-------	------	----------------	-------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
-------	------	----------------	-------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
-------	------	----------------	-------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
-------	------	----------------	-------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
-------	------	----------------	-------------

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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
-----------	----------	--------------------	-----------------

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:

 President
Rafael Ortiz m 1-9-98 305 220-2626

CR2E034 (10/97)