


**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90074 018 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000003175

1. Corporation Name  
**BISCAYNE VISION CENTER, P.A.**

Principal Place of Business      Mailing Address  
**542 NE 82 ST**                      **542 NE 82 ST**  
**MIAMI FL 33138**                  **MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

05-0805005

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 the current year Intangible  
 Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENARD, CLAIRE P**  
**100 SE 2 ST 35TH FLOOR**  
**MIAMI FL 33131-2130**

81

Name

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

1541 BRICKELL AVE STE 3602

83

84

City

MIAMI

FL

85

Zip Code

33129

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, 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/T/D	<input type="checkbox"/> DELETE
NAME	J. HARRIS LEVY	
STREET ADDRESS	1541 BRICKELL AVE STE 3602	
CITY-ST-ZIP	MIAMI, FL 33129	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	
3.4 CITY-ST-ZIP	
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)(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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

758 2020

Date

Daytime Phone #

CR2E034 (11/98)