

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90134 049 ***150.00

DOCUMENT # P98000094377

1. Corporation Name

GENESIS EYE CENTERS, P.A.

Principal Place of Business

**802 STERTHAUS AVENUE
ORMOND BEACH FL 32174**

Mailing Address

**802 STERTHAUS AVENUE
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/11/1998

4. FEI Number

59 3534 775

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAKOWSKI, MICHAEL K M.D.
802 STERTHAUS AVENUE
ORMOND BEACH FL 32174**

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** ☐ DELETE

NAME **MAKOWSKI, MICHAEL K M.D.**
STREET ADDRESS **802 STERTHAUS AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

1.1 TITLE **D P** ☒ Change ☐ Addition

NAME **D** ☐ DELETE

STREET ADDRESS **802 STERTHAUS AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

1.2 NAME **D P** ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SPERTUS, ALAN D M.D.**
STREET ADDRESS **802 STERTHAUS AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

1.3 STREET ADDRESS **D VP** ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **D** ☒ DELETE

STREET ADDRESS **802 STERTHAUS AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

1.4 CITY-ST-ZIP **D VP** ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **D** ☒ DELETE

STREET ADDRESS **802 STERTHAUS AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

2.1 TITLE **D VP** ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **FRANCE, JOSEPH M M.D.**
STREET ADDRESS **802 STERTHAUS AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

2.2 NAME **D VP** ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

STREET ADDRESS **802 STERTHAUS AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

2.3 STREET ADDRESS **D VP** ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

STREET ADDRESS **802 STERTHAUS AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

2.4 CITY-ST-ZIP **D VP** ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **D** ☐ DELETE

STREET ADDRESS **802 STERTHAUS AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

3.1 TITLE **D VP** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **D** ☐ DELETE

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NAME **D** ☐ DELETE

STREET ADDRESS **802 STERTHAUS AVENUE**
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4.1 TITLE **D VP** ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **D** ☐ DELETE

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5.1 TITLE **D VP** ☐ Change ☐ Addition

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6.1 TITLE **D VP** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **D** ☐ DELETE

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6.2 NAME **D VP** ☐ Change ☐ Addition

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NAME **D** ☐ DELETE

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NAME **D** ☐ DELETE

STREET ADDRESS **802 STERTHAUS AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN D. Spertus MD 1/27/99

Date

Daytime Phone #

9042557202

CR2E034 (11/98)