FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # S58643

1. Corporation Name
Drs. Airala Laser & Cataract Institute, P.A.

Principal Place of Business: 2441 S.W. 37th Avenue, Miami, Florida 33145
Mailing Address:

3. Date Incorporated or Qualified	6/11/91
3a. Date of Last Report	
4. FEI Number	36-3771424
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 has liability for intangible tax under s. 199.032 Florida Statutes	☐ Yes ☒ No

2. Principal Place of Business [21] / Suite, Apt #, etc [22] / City & State [23] / Zip [24] / Country [25]
2a. Mailing Address [26] / Suite, Apt #, etc [27] / City & State [28] / Zip [29] / Country [30]

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Suite 105
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent

81 Name: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1311 Executive Center Drive
83 Suite 200
84 City: Tallahassee FL 85 Zip Code: 32301

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.

SIGNATURE: Connie Bryan — CONNIE BRYAN, SPECIAL ASSISTANT SECRETARY — DATE: 2-26-96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Manuel Airala, M.D. 2441 S.W. 37th Street Miami, Florida 33145 ☐ DELETE	1 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Manuel Airala, M.D. 2441 S.W. 37th Street Miami, Florida 33145 ☐ DELETE	2 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Manuel Airala, M.D. 2441 S.W. 37th Street Miami, Florida 33145 ☐ DELETE	3 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sole Director James H. Desnick, M.D. 980 N. Michigan Avenue, Suite 166 Chicago, Illinois 60611 ☐ DELETE	4 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 ☐ Change ☐ Addition 100001727091 -02/28/96--01095--003 ***208.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: By: [signature] Date: 2-23-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Manuel Airala, President

CR2E034 (12/95)