

MAR-24-1998 22:18

WM C HIRSCH CPA PA

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V59678

1. Corporation Name

Palm-Broward Eye Centers, INC.

Principal Place of Business

Mailing Address

950 N. Federal Hwy #107
Pompano Beach, FL
33062

Same

FL Dept
of State
\$150

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

8/20/92

4. FEI Number

65-0345413

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

Bruder, Judy
950 N. Federal Hwy.
Suite 107
Pompano Beach, FL 33062

10. Name and Address of New Registered Agent

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 indorses when retaining)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	TITLE	☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

1. TITLE	Agent of Corporation
2. NAME	Judith Bruder
3. STREET ADDRESS	2240 Woolbright Rd. 405
4. CITY-ST-ZIP	Daytona Beach FL 32126
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. 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:

Judith A. Bruder, Agent

Date

3-24-98

Daytime Phone #

TOTAL FEE

CR2E034 (10/97)