

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600345

Entity Name: JAFFE EYE INSTITUTE, P.A.

Current Principal Place of Business:

18999 BISCAYNE BOULEVARD
#101
AVENTURA, FL 33180

Current Mailing Address:

18999 BISCAYNE BOULEVARD
#101
AVENTURA, FL 33180 US

FEI Number: 59-1204805

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EISENMAN, SUSAN` J
18999 BISCAYNE BLVD
101
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name JAFFE, NORMAN SMD
Address 6000 ISLAND BLVD. #2906
City-State-Zip: AVENTURA FL 33160

Title TD
Name JAFFE, GARY FMD
Address 61 COMPASS LANE
City-State-Zip: FT. LAUDERDALE FL 33308

Title D
Name JAFFE, EMERY DMD
Address 16154 RIO DEL SOL
City-State-Zip: DELRAY FL 33446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMERY JAFFE

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date