

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000097358

**Entity Name:** MENDELSON EYE CENTER, PA

**Current Principal Place of Business:**

4651 SHERIDAN ST  
STE 100  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

150 E SUNRISE HWY  
LINDENHURST, NY 11757-2502

**FEI Number:** 27-4413965

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WASSERMAN, LAWRENCE  
1071 TWIN BRANCH LANE  
WESTON, FL 33326 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 D  
Name MENDELSON, STEVEN L  
Address 150 E SUNRISE HWY  
City-State-Zip: LINDENHURST NY 11757-2502

*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:** STEVEN L. MENDELSON

**OFFICER/DIRECTOR**

**02/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date