

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
93 FEB -5 PM 4:24

DOCUMENT # **V59678 (5)**  
1. Corporation Name  
**PALM-BROWARD EYE CENTERS, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>100 E. SAMPLE RD<br/>SUITE-330<br/>POMPANO BEACH FL 33064</b> | Mailing Address<br><b>100 E. SAMPLE RD<br/>SUITE-330<br/>POMPANO BEACH FL 33064</b> |
|---|---|

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/20/1992</b> | 3a. Date of Last Report<br><b>05/01/1994</b> |
|--|--|

|   |  |  |
|---|--|--|
| 2. Principal Place of Business<br>21. <b>950 N. Federal Hwy</b><br>Suite, Apt. #, etc. <b>107</b><br>City & State <b>Pompano Beach, FL</b><br>Zip <b>33062</b> Country <b>USA</b> | 2a. Mailing Address<br>26. <b>950 N. Federal Hwy</b><br>Suite, Apt. #, etc. <b>107</b><br>City & State <b>Pompano Beach, FL</b><br>Zip <b>33062</b> Country <b>USA</b> | 4. FEI Number<br><b>65-0345415</b><br>Applied For<br><input type="checkbox"/> Not Applicable                       |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                       |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>BRUDER, JUDY<br/>100 E. SAMPLE RD: 950 N. Federal Hwy.<br/>SUITE-330-107<br/>POMPANO BEACH FL 33064<br/>33062</b> |  |  |  | 10. Name and Address of New Registered Agent |  |
| 81 Name   |  |  |  | 85 Zip Code                                  |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)   |  |  |  | 84 City                                      |  |
| 83  |  |  |  | 85 <b>FL</b>                                 |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b>  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WEISER DAVID</b>                               | 1.2 NAME  |   |
| STREET ADDRESS             | <b>100 E. SAMPLE RD-#330 950 N. Fed. Hwy #107</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>POMPANO BCH FL-33064 33062</b>                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  |   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntary, true and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 the duly 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 \_\_\_\_\_ 1995.

SIGNATURE: **DAVID WEISER** **1/26/95** **305-784-9103**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)