## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 14, 2002 8:00 am **DOCUMENT #** 460170 **Secretary of State** 1. Entity Name 03-14-2002 90060 039 \*\*\*150.00 CHILDREN'S EYE CLINIC, GIACOMO S. GUGGINO, M.D., P.A. Principal Place of Business Mailing Address 3115 SWANN AVE 3115 SWANN AVE. TAMPA FL 33609 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1609407 Not Applicable Country Zip Country \$8.75 Additional -5. Certificate of Status Desired: - -- -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUGGINO, GIACOMO S. MD. Street Address (P.O. Box Number is Not Acceptable) 3115 SWANN AVE. **TAMPA FL 33609** City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITI F ☐ Change Addition ☐ Delete TITLE NAME NAME GUGGINO, GIACOMO S., M.D. STREET ADDRESS STREET ADDRESS 3115 SWANN AVE CITY-ST-ZIP CITY-ST-ZIP Tampa Fl ☐ Change Addition ☐ Delete TITLE TITLE. BHASIN, DAWN NAME NAME 3115 SWANN AUG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA. TITLE ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 13. 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 report or supplemental 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 if changed, or on an attachment with an address, with all type in layer into graphing the composition of the corporation of the corporation or the receiver of trustee empowered.

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