2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 481492 CATARACT AND GLAUCOMA CENTER, ALEXANDER A. RAPPA Principal Place of Business Mailing Address 1615 PASADENA AVE S 1615 PASADENA AVE S STE 200 STE 200 ST PETERSBURG FL 33707-4555 ST PETERSBURG FL 33707-4555 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number

FILED Feb 08, 2001 8:00 am Secretary of State

02-08-2001 90187 022 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

	\$8.75 Add Fee Required Agent Zip Code Added	le May Be d to Fees
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAPPAPORT, ALEXANDER A. 1609 PASADENA AVENUE SOUTH ST PETERSBURG FL 33707 City FL 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 trife if applicable. (NOTE Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) TILE PSTD NAME RAPPAPORT, ALEXANDER A. 11LL SIRRET ADDRESS CITY-ST-2P TITLE NAME NAME SIRRET ADDRESS CITY-ST-2P TITLE Delete TI	Zip Code S5.0 Added	DO May Be of to Fees S IN 11
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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 cert 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 a of the corporation or the receiver or trustee empowers it to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	tify that the in	nformation or director