

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 536528

1. Entity Name

ROWAN EYE CENTER, INC.

Principal Place of Business

Mailing Address

5305 GRAND BLVD.
NEW PORT RICHEY FL 34652

5305 GRAND BLVD.
NEW PORT RICHEY FL 34652

2. Principal Place of Business

5305 GRAND BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

Florida

Zip

34652

Country

Pasco Co.

Zip

Country

4. FEI Number 59-1747848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWAN, PATRICK J M.D.
5305 GRAND BLVD.
NEW PORT RICHEY FL 34652

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROWAN, PATRICK
STREET ADDRESS 5305 GRAND BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL

☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90069 007 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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