

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004630 AF

**DOCUMENT # L99000001293**

1. Entity Name  
**CENTRAL FLORIDA EYE SPECIALISTS, P.L.**

**FILED**

01 APR -2 PM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 305 NEW YORK AVENUE, DELAND FL 32724  
Mailing Address: 305 NEW YORK AVENUE, DELAND FL 32724

2. Principal Place of Business: 305 East New York Avenue  
3. Mailing Address: 305 East New York Avenue

Suite, Apt. #, etc. (blank)

City & State (blank)

4. FEI Number: 59-2841109  
Applied For:  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**KROPP, THOMAS M M.D.**  
305 NEW YORK AVENUE  
DELAND FL 32724

**7. Name and Address of New Registered Agent**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KROPP, THOMAS M M.D. 305 EAST NEW YORK AVENUE DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORDERO, ROBERT M.D. 305 EAST NEW YORK AVENUE DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 1/23/01 Daytime Phone #: (804) 734-2931

CR2E083 (11/00)