

# 2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

01 MAY -4 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001538

1. Entity Name  
THE MOUNT DORA OPHTHALMOLOGY ASC, LLC

Principal Place of Business  
20 BURTON HILLS BOULEVARD  
NASHVILLE TN 37215

Mailing Address  
20 BURTON HILLS BOULEVARD  
NASHVILLE TN 37215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1795778**  
Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HARRELL, ROYCE	
STREET ADDRESS	20 BURTON HILLS BOULEVARD	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCDONALD, KEN P	
STREET ADDRESS	20 BURTON HILLS BOULEVARD	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LUNN, RODNEY	
STREET ADDRESS	20 BURTON HILLS BOULEVARD	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WINKER, CYNTHIA	
STREET ADDRESS	20 BURTON HILLS BOULEVARD	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GULMI, CLAIRE M	
STREET ADDRESS	20 BURTON HILLS BOULEVARD	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zamojski, Dennis J.	
STREET ADDRESS	20 Burton Hills Blvd	
CITY-ST-ZIP	Nashville, TN 37215	

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CR2E083 (11/00)

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: *Claire M. Gulmi* Claire M. Gulmi, Treas/Sec 2/26/01 615-665-1283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #