

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000107262

FILED
Mar 07, 2002 8:00 AM
Secretary of State

Entity Name: CORNEA & REFRACTIVE CONSULTANTS OF THE PALM BEACHES, P.A.

Current Principal Place of Business:

2000 PGA BLVD., STE. 5505
PALM BEACH GARDENS, FL 33408

New Principal Place of Business:

2000 PGA BLVD.
SUITE 5505
PALM BEACH GARDENS, FL 33408

Current Mailing Address:

2000 PGA BLVD., STE. 5505
PALM BEACH GARDENS, FL 33408

New Mailing Address:

2000 PGA BLVD.
SUITE 5505
PALM BEACH GARDENS, FL 33408

FEI Number: 65-1062992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALINGER, CLIFFORD M.D.
2000 PGA BLVD., STE. 5505
PALM BEACH GARDENS, FL 33408 US

Name and Address of New Registered Agent:

SALINGER, CLIFFORD M.D.
2000 PGA BLVD.
SUITE 5505
PALM BEACH GARDENS, FL 33408 US

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: _____

03/07/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALINGER, CLIFFORD MD
Address: 162 OAKWOOD LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD L. SALINGER M.D.

D

03/07/2002

Electronic Signature of Signing Officer or Director

Date