2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003
Secretary of State

DOCUMENT# P02000077975

Entity Name: HILLMOOR EYE SURGERY CENTER, INC.

Current Principal Place of Business:

1700 SOUTH EAST HILLMOOR
SUITE 100
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

1770 S E HILLMOOR DRIVE
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1700 SOUTH EAST HILLMOOR
SUITE 100
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 90-0049391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGLEY, KENNETH DR
1700 SOUTH EAST HILLMOOR
SUITE 100
PORT ST. LUCIE, FL 34952

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: DELROWE, DANIEL
Address: 1715 S E TIFFANY AVE
City-St-Zip: PORT ST LUCIE, FL 34982

Title: D ( ) Change (X) Addition
Name: MATAMOROS, SILVIANO
Address: 1821 S E PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D ( ) Change (X) Addition
Name: DREYER, WILLIAM
Address: 1715 S E TIFFANY AVE
City-St-Zip: PORT ST LUCIE, FL 34982

Title: D ( ) Change (X) Addition
Name: LANGLEY, KENNETH
Address: 1700 S E HILLMOOR DR STE 100
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Change (X) Addition
Name: MALLONEE, JOHN
Address: 1700 S E HILLMOOR DR STE 100
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Change (X) Addition
Name: CHANNON, CHRIS
Address: 1700 S E HILLMOOR DR STE 100
City-St-Zip: PORT ST LUCIE, FL 34952

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: KENNETH LANGLEY D 04/24/2003

Electronic Signature of Signing Officer or Director — Date