2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO@UMENT # P93000048258 Jun 23, 2000 8:00 am 1. Entity Name Secretary of State THE EYE CONSULTANTS, P.A. 06-23-2000 90104 021 ***150.00 Principal Place of Business Mailing Address 217 MANATEE AVENUE, EAST 217 MANATEE AVENUE, EAST BRADENTON FL 34208 **BRADENTON FL 34208-1931** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0425039 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRIEDBERG, MURRAY Street Address (P.O. Box Number is Not Acceptable) 217 MANATEE AVENUE, EAST **BRADENTON FL 34208** City 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITI F ☐ Addition ADLER, JONATHAN NAME NAME STREET ADDRESS 217 MANATEE AVE EAST STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MOSCOSO, WALTER NAME NAME STREET ADORESS 217 MARATEE AVE., E STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP MD TITLE ☐ Delete TITLE Change ☐ Addition EDELMAN, ROBERT NAME 217 MANATEE AVE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP MD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SILVERMAN, SCOTT E NAME 217 MANATEE AVENUE, EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 troe 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 ept owned to expect this report as required by Change 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed or on an attachment with an efficiency with all the properties of the corporation of