

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90256 001 ***150.00

0510635 AV

DOCUMENT # P93000048258**1. Entity Name**
THE EYE CONSULTANTS, P.A.**Principal Place of Business**
217 MANATEE AVENUE, EAST
BRADENTON FL 34208**Mailing Address**
217 MANATEE AVENUE, EAST
BRADENTON FL 34208**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0425039

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**FRIEDBERG, MURRAY**
217 MANATEE AVENUE, EAST
BRADENTON FL 34208**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**

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 Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	MD	<input type="checkbox"/> Delete
NAME	ADLER, JONATHAN	
STREET ADDRESS	217 MANATEE AVE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MOSCOSO, WALTER	
STREET ADDRESS	217 MANATEE AVE., E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	EDELMAN, ROBERT	
STREET ADDRESS	217 MANATEE AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SILVERMAN, SCOTT E	
STREET ADDRESS	217 MANATEE AVENUE, EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 true 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, when an officer or trustee empowered.**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02

941-748-1818

CR2E034 (9/01)