2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014370

1. Entity Name

CORAL SPRINGS OPHTHALMOLOGY ASSOCIATES, P.A.

FILED Jan 14, 2000 8:00 am Secretary of State

Principal Place of Business Mailing Address 7886 W. SAMPLE ROAD CORAL SPRINGS FL 33065 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State of Florida. Signature Used or private any operation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) The Corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State NAME NAME NAME NAME NAME AU U U U U U U U U U U U U U U U U U U
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City & State Country Street Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL City City City FL City City City FL City FL City City FL City City FL City City City FL City City City FL City City City FL City City City FL City City City FL City City FL City City City City City FL City
Zip Country Zip Country 5. Certificate of Status Desired Agent Status Desired Agent Status Desired Status Desired Agent Status Desired Age
6. Name and Address of Current Registered Agent WOODS, DONALD R DR. 7200 E. CYPRESSHEAD DRIVE PARKLAND FL 33067 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office-or registered agent, or beth, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent printer required when reinstatting) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WOODS, DONALD R DR.
Name 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 beth, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Agent and printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Title NAME
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13. 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 spend or supplemental point is true and accurate and that my signature shall have the same legal effect as if made under path; 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 in changed, or on an attachment with an address, with all other like empowered.

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