

# 2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000051167

1. Entity Name  
**MEDICAL OPTICS, INC.**

Principal Place of Business 21218 ST ANDREWS BLVD. SUITE 229 BOCA RATON FL 33433	Mailing Address 21218 ST ANDREWS BLVD. SUITE 229 BOCA RATON FL 33433-2435
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2. Principal Place of Business <b>559 SAWGRASS CORPORATE PARKWAY</b> Suite, Apt. #, etc.	3. Mailing Address <b>559 SAWGRASS CORPORATE PARKWAY</b> Suite, Apt. #, etc.
City & State <b>SUNRISE FLORIDA</b>	City & State <b>SUNRISE FLORIDA</b>
Zip <b>33325</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent  
**VOVOU, MARIA**  
21218 ST ANDREWS BLVD, SUITE 229  
BOCA RATON FL 33433

4. FEI Number <b>65-0741369</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
7. Name and Address of New Registered Agent	
Name <b>Corporation Company of Miami</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>201 S. Biscayne Blvd.</b>	
<b>1500 Miami Center</b>	
City <b>Miami</b>	FL Zip Code <b>33131</b>

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.  
**Corporation Company of Miami**

SIGNATURE By: *Laraine A. Landau*, Assistant Secretary March 16, 2000  
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, 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALVASIO, FRANK</b> <b>20889 ST ANDREWS BLVD, SUITE 1</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIP/T/S</b> <b>MALVASIO, FRANK</b> <b>5327 PARK PLACE CIRCLE</b> <b>BOCA RATON, FLORIDA 33486</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VOVOU, MARIA</b> <b>12887 PACKWOOD RD</b> <b>JUNO BEACH FL 33408</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900003203879--7</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-04/11/00--0105 am ang 017</b> <b>****150.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* 01/21/00 (954) 838-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)