

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90127 049 ***150.00

DOCUMENT # 317212

1. Entity Name

MARCO OPHTHALMIC, INC.

Principal Place of Business

Mailing Address

11825 CENTRAL PARKWAY
 JACKSONVILLE FL 32216
 US

4215 SOUTHPOINT BLVD.
 SUITE 100
 JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

32255

Country

4. FEI Number

59-1200000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANSBACHER, LEWIS
 4215 SOUTHPOINT BLVD STE 100
 JACKSONVILLE FL 32216

Name
 Lewis Ansbacher
 Street Address (P.O. Box Number is Not Acceptable)
 5150 Belfort Road
 Building 100
 City Jacksonville FL Zip Code 32256

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

3/15/00

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 PD
 MARCO, DAVID A
 STREET ADDRESS 11825 CENTRAL PARKWAY
 CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME SD
 MARCO, CAROLYN C
 STREET ADDRESS 11825 CENTRAL PARKWAY
 CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME T
 SHORSTEIN, JACK F.
 STREET ADDRESS 8265 BAYBERRY RD.
 CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME D
 ANSBACHER, LEWIS
 STREET ADDRESS 4215 SOUTHPOINT BLVD #100
 CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
 NAME D
 Ansbacher Lewis ☒ Change ☐ Addition
 STREET ADDRESS 5150 Belfort Road #100
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

904/642-9330

Date

Daytime Phone #

CR2E034 (9/99)