## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

7106 N.W. 11TH PLACE

## 527331 **DOCUMENT #**

1. Entity Name

Principal Place of Business

7106 N.W. 11TH PLACE

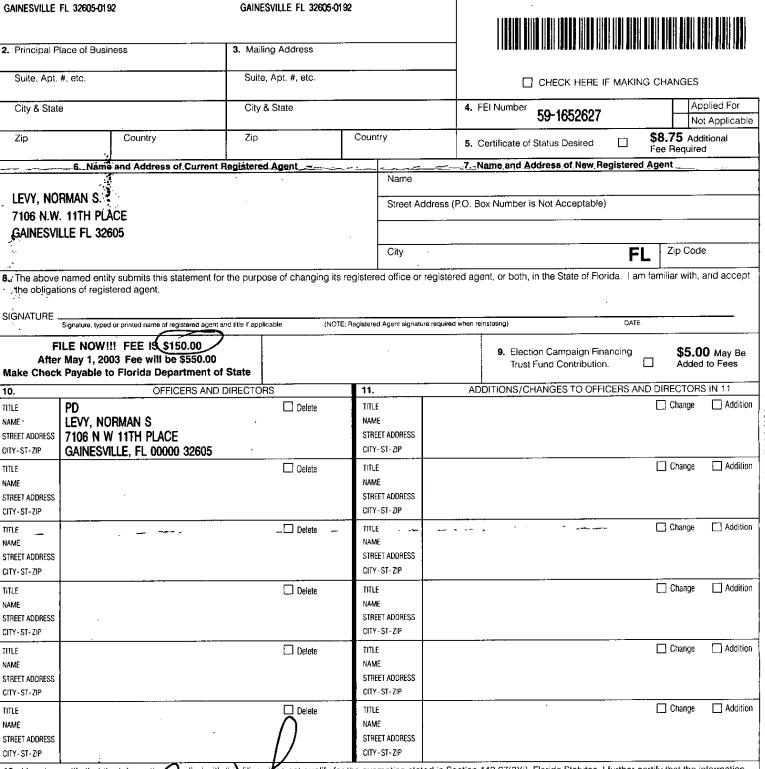
FLORIDA OPHTHALMIC INSTITUTE, NORMAN S. LEVY, M D., PH.D., P.A.



FILED Jan 13, 2003 8:00 am **Secretary of State** 

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his filing rees not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director acced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information pplied with this filing of indicated on this report or stopp of the corporation or the receive changed, or on an attachment istee emp

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)