

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 536319**

1. Entity Name  
MEDICAL PARK OPTICIANS, INC.

Principal Place of Business  
1500 S MAGNOLIA EXTENSION  
SUITE 106  
OCALA FL 326714497

Mailing Address  
1500 S MAGNOLIA EXTENSION  
SUITE 106  
OCALA FL 326714497

2. Principal Place of Business  
1500 SE MAGNOLIA EXTENSION

3. Mailing Address  
1500 SE MAGNOLIA EXTENSION

Suite, Apt. #, etc.  
SUITE 106

Suite, Apt. #, etc.  
SUITE 106

City & State  
OCALA FL

City & State  
OCALA FL

Zip Country  
34471

Zip Country  
34471

4. FEI Number  
**59-1776319**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SCHWENK, GORDON C.  
1500 S. MAGNOLIA AVE.  
SUITE 106  
OCALA FL 32671

## 7. Name and Address of New Registered Agent

Name  
**KING WILLIAM ALLAN ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable)  
**7 E. SILVER SPRINGS BLVD**

**SUITE 500**

City **FL** Zip Code **34470**

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 **WILLIAM ALLAN KING**

**04/27/2001**

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN RICHARD 1500 SE MAGNOLIA AVE. OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEATON JOHN 1500 SE MAGNOLIA AVE. OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANK, MARK A 1500 SE MAGNOLIA AVE OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWENK, GORDON C. 1500 SE MAGNOLIA AVE OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS H. MICHAEL MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN RICHARD CMD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEATON JOHN SDO 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANK MARK AMD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWENK GORDON CMD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: **GORDON C. SCHWENK MD**

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)