

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90180 033 \*\*\*150.00

**DOCUMENT # 536319**

1. Entity Name  
**OCALA EYE OPTICAL, INC.**



Principal Place of Business  
**1500 SE MAGNOLIA EXTENSION  
SUITE 106  
OCALA FL 34471**

Mailing Address  
**1500 SE MAGNOLIA EXTENSION  
SUITE 106  
OCALA FL 34471**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1776319**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KING, WILLIAM  
1531 SE 36TH AVENUE  
OCALA FL 34471**

7. Name and Address of New Registered Agent

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 both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SCHWENK, GORDON C MD  
1500 SE MAGNOLIA EXTENSION SUITE 106  
OCALA FL 34471** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SAMY, CHANDER MD.  
1500 SE MAGNOLIA EXT SUITE 206  
OCALA, FL. 34471** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JANK, MARK A MD  
1500 SE MAGNOLIA EXTENSION SUITE 106  
OCALA FL 34471** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
POLACK, PETER MD.  
1500 SE MAGNOLIA EXT SUITE 206  
OCALA, FL. 34471** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DEATON, JOHN S DO  
1500 SE MAGNOLIA EXTENSION SUITE 106  
OCALA FL 34471** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
WARREN, RICHARD C MD  
1500 SE MAGNOLIA EXTENSION SUITE 106  
OCALA FL 34471** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MORRIS, H. MICHAEL MD  
1500 SE MAGNOLIA EXTENSION SUITE 106  
OCALA FL 34471** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other duly empowered.

SIGNATURE

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)