

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 589524**

1. Entity Name

**NORTH FLORIDA EYE CLINIC, P.A., RONALD SINGAL, M**

Principal Place of Business

Mailing Address

**590 DUNDAS DRIVE  
JACKSONVILLE FL 32218**

**P.O. BOX 24406  
JACKSONVILLE FL 32241-4406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131**

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.

SIGNATURE

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 **PDT** ☐ Delete  
NAME **SINGAL, RONALD, M.D.**  
STREET ADDRESS **590 DUNDAS DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DVS** ☐ Delete  
NAME **SINGAL, SHELDON M.D.**  
STREET ADDRESS **590 DUNDAS DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME **700003114937-3**  
STREET ADDRESS **-01/28/00--01079--025**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

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

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

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

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

TITLE ☐ Change ☐ Add  
NAME  
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 an other like empowered.

SIGNATURE:

**RONALD SINGAL, M.D.**  
DIRECTOR

**JAN 05 2000**

Date

**(904) 751-3600**  
Daytime Phone #

FILED

00 JAN 19 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1849046**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**