

2002 UNIFORM BUSINESS REPORT (UBR)

0032498 AV

DOCUMENT # 589524

1. Entity Name
NORTH FLORIDA EYE CLINIC, P.A., RONALD SINGAL, M.D., AND SHELDON SINGAL, M.D.

Principal Place of Business: **590 DUNDAS DRIVE JACKSONVILLE FL 32218**
 Mailing Address: **P.O. BOX 24406 JACKSONVILLE FL 32218**

FILED
 02 JAN 17 PM 1:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 **59-1849046** 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

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 | <input type="checkbox"/> Delete |
| NAME | SINGAL, RONALD, M.D. | |
| STREET ADDRESS | 590 DUNDAS DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | SINGAL, SHELDON M.D. | |
| STREET ADDRESS | 590 DUNDAS DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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*******150.00 *****150.00**

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

JAN 10 2002
 Date

904/751-3600
 Daytime Phone #

CR2E034 (9/01)