2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90068 028 ***150.00

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1. Entity Name
ST. LUKE'S CATARACT AND LASER INSTITUTE, P.A.

Principal Place of Business	Mailing Address
43309 US HWY 19N TARPON SPRINGS FL 34689 US	P O BOX 1608 TARPON SPRINGS FL 34688-1608

JUU10166

☐ CHECK HERE IF MAKING CHANGES

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 59-1224512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIEDLAND, LEW 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34689	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	~~PD~~ GILLS, JAMES P. 43309 US HIGHWAY 19 N TARPON SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ JOHNSON, DONALD 43309 US HIGHWAY 19 N TARPON SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVAS KISKADDON, BRUCE M. 43309 US HIGHWAY 19 N TARPON SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GILLS, JAMES P. III 43309 US HWY 19 N TARPON SPRINGS FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AUSMUS, WILLIAM 43309 US HWY 19 N TARPON SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MASKEWITZ REVA 43309 US HWY 19N TARPON SPRINGS FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEUPREE, DANA 43309 US HWY 19 N TARPON SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS HOUSER BRAD 43309 US HWY 19 N TARPON SPRINGS FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS WOLFSON, GLENN 43309 US HWY 19 N TARPON SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 an other like empowered.

SIGNATURE: [signature] REQUIRED JAMES P. GILLS 4/24/03 727-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #