2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90201 018 ***150.00

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DOCUMENT # 600842

1. Entity Name
CLOWER & DEMMING, DAYTONA OPHTHALMIC SERVICES, P.A.

Principal Place of Business	Mailing Address
~~1620 MASON AVE., STE. A~~	~~1620 MASON AVE.,~~ STE. A
~~DAYTONA BEACH FL~~ 32117	~~DAYTONA BEACH FL 32117~~
US	US

2. Principal Place of Business	3. Mailing Address
505 Health Blvd	505 Health Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Bch FL	City & State: Daytona Bch FL
Zip: 32114 Country: Volusia	Zip: 32114 Country: Volusia

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1234760 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIGAETANO, MARGARET
~~1620 MASON AVE STE A~~
~~DAYTONA BEACH FL~~ 32117

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
505 Health Blvd
City Daytona Bch FL Zip Code 32114

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 DIGAETANO, MARGARET ~~1620 MASON AVE, STE A~~ ~~DAYTONA BEACH FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 505 Health Blvd Daytona Bch FL 32114
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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 all other like empowered.

SIGNATURE: [signature] Margaret DiGaetano (386) 255-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #