

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90037 040 ***150.00

DOCUMENT # 603201

1. Entity Name

OCALA EYE, P.A.

Principal Place of Business

1500 SE MAGNOLIA EXTENSION
 SUITE 106
 Ocala FL 34471
 US

Mailing Address

1500 SE MAGNOLIA EXTENSION
 SUITE 106
 Ocala FL 34471
 US

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

59-1363248

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

KING, WILLIAM ALLAN ESQUIRE
 7 E. SILVER SPRINGS BLVD.
 SUITE 500
 Ocala FL 34470

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

TITLE VP ☐ Change ☒ Addition
 NAME Polack, Peter J MD
 STREET ADDRESS 1500 SE Magnolia Ext Suite 106
 CITY-ST-ZIP Ocala FL 34471

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

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

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

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

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

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

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

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

TITLE S ☐ Delete
 NAME SAMY, CHANDER MD
 STREET ADDRESS 1500 SE MAGNOLIA EXTENSION SUITE 106
 CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/2002 (352) 642-5183

CR2E034 (9/01)