

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90128 047 ****61.25

DOCUMENT # 703314

1. Entity Name

OPHTHALMIC LABORATORY ST JOSEPH'S HOSPITAL

Principal Place of Business

**2608 AZEELE STREET
TAMPA FL 33609**

Mailing Address

**2608 AZEELE STREET
TAMPA FL 33609-4106**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6002752

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BERRYMAN, CLARA
3324 GRAY ST.
TAMPA FL 33609**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HADDAD, MAURICE**
STREET ADDRESS **4700 N HABANA AVE**
CITY-ST-ZIP **TAMPA FL**TITLE **ST** ☐ Delete
NAME **BERRYMAN, CLARA C.**
STREET ADDRESS **3324 GRAY ST.**
CITY-ST-ZIP **TAMPA FL**TITLE **D** ☐ Delete
NAME **GIOVENCO, JOSEPH**
STREET ADDRESS **508 S. HABANA**
CITY-ST-ZIP **TAMPA FL 33609**TITLE **D** ☐ Delete
NAME **GROSS, STEVEN**
STREET ADDRESS **880 6 ST. S.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**TITLE **PD** ☐ Delete
NAME **KIRKCONNELL, WAITE**
STREET ADDRESS **2808 W ML KING BLVD**
CITY-ST-ZIP **TAMPA FL**TITLE **D** ☐ Delete
NAME **HOLLEY, BYRON**
STREET ADDRESS **4710 W HABANA**
CITY-ST-ZIP **TAMPA FL 33614**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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 REQUIRED** Clara C Berryman 02/11/02 813 872 0480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)