

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713328

1. Entity Name

CONTINUING EDUCATION IN OPHTHALMOLOGY, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90021 039 ****61.25

| | |
|---|---|
| Principal Place of Business 1638 N W 10TH AVENUE P O BOX 015869 MIAMI FL 33101-2869 | Mailing Address 1638 N W 10TH AVENUE P O BOX 015869 MIAMI FL 33101-5869 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-6211681 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRESSLY, GABY
1638 N W 10TH AVE
MIAMI FL 33136**

| | | |
|--|-----------|----------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. 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 NAME STREET ADDRESS CITY-ST-ZIP | PD CLARKSON, JOHN 1638 N.W. 10TH AVENUE MIAMI FL 33136 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CURTIN, VICTOR 1638 N.W. 10TH AVENUE MIAMI FL 33136 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARRISH, RICHARD 1638 N.W. 10TH AVENUE MIAMI FL 33136 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ALFONSO, EDUARDO 1638 NW 10TH AVE MIAMI, FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Gaby Kressly* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/326-6081
 Date _____ Daytime Phone # _____

CR2E037 (9/99)