

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90070 023 ****61.25

DOCUMENT # 713328

1. Entity Name

CONTINUING EDUCATION IN OPHTHALMOLOGY, INC.

Principal Place of Business

Mailing Address

**1638 N W 10TH AVENUE
 MIAMI FL 33101-2869**

**1638 N W 10TH AVENUE
 MIAMI FL 33101-2869**

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLETCHER, PATRICIA K
 200 S. BISCAYNE BOULEVARD
 SUITE 3410
 MIAMI FL 33131**

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CLARKSON, JOHN | |
| STREET ADDRESS | 1638 N.W. 10TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33136 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | CURTIN, VICTOR | |
| STREET ADDRESS | 1638 N.W. 10TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33136 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALFONSO, EDUARDO | |
| STREET ADDRESS | 1638 N.W. 10TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33136 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KRESSLY, GABY | |
| STREET ADDRESS | 1638 NW 10 AVE | |
| CITY-ST-ZIP | Miami, FL 33136 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Gaby Kressly **REGISTERED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 *305/376-6037*

Date

Daytime Phone #

CR2E037 (9/01)