2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90085 043 ***150.00

DOCUMENT # F55028

1. Entity Name

~~ANTHONY LIMONCELLI, M.D., P.A.~~
COMMUNITY EYE CENTER, P.A.

Principal Place of Business	Mailing Address
21275 OLEAN BLVD. PORT CHARLOTTE FL 33952	21275 OLEAN BLVD. PORT CHARLOTTE FL 33952

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 59-2136412 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIMONCELLI, ANTHONY
21275 OLEAN BLVD.
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name SPADAFORA, JOSEPH D.O.
Street Address (P.O. Box Number is Not Acceptable) 21275 OLEAN BLVD
City PORT CHARLOTTE FL Zip Code 33952

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 ✓ Joseph Spadafora 2/22/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ ~~LIMONCELLI, ANTHONY~~ ~~21275 OLEAN BLVD.~~ ~~PORT CHARLOTTE FL~~	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPADAFORA, JOSEPH 21275 OLEAN BLVD PORT CHARLOTTE FL	☐ Delete	DP SPADAFORA, JOSEPH 21275 OLEAN BLVD. PORT CHARLOTTE FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHAIBLE, ERIC 21275 OLEAN BLVD PORT CHARLOTTE FL 33952	☐ Delete	DS SCHAIBLE, ERIC 21275 OLEAN BLVD PORT CHARLOTTE FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Joseph Spadafora JOSEPH SPADAFORA 2/22/01 941 625-1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #