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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004415

1. Corporation Name

INTERNATIONAL SOCIETY OF REFRACTIVE SURGERY, INC

Principal Place of Business

**1175 SPRING CTR S BLVD #152
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**1175 SPRING CTR S BLVD #152
ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

72-0907717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**BEST, ELIZABETH A
1175 SPRINGS CENTRE SOUTH BLVD
SUITE #152
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☒ DELETE
NAME **WERBLIN, THEODORE P MD PHD**
STREET ADDRESS **1051 STAFFORD DR**
CITY-ST-ZIP **PRINCETON WV 24740**

TITLE **DC** ☐ DELETE
NAME **ROBIN, JEFFREY B MD**
STREET ADDRESS **3755 ORANGE PL**
CITY-ST-ZIP **BEACHWOOD OH 44122**

TITLE **T** ☐ DELETE
NAME **TALAMO, JONATHAN M**
STREET ADDRESS **100 CHARLES RIVER PLAZA, 3RD FLOOR**
CITY-ST-ZIP **BOSTON MA 02114**

TITLE **S** ☒ DELETE
NAME **RUBENS BELFORT MD**
STREET ADDRESS **AL TEITE 415 APT. 61**
CITY-ST-ZIP **SÃO PAULO SP**

TITLE **D** ☐ DELETE
NAME **BEST, ELIZABETH A**
STREET ADDRESS **1770 BOBTAIL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **T** ☒ DELETE
NAME **R. DOYLE STULTING MD**
STREET ADDRESS **1365-B CLIFTON RD., NE**
CITY-ST-ZIP **ATLANTA GA**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT (P)

David J. Schanzlin, MD

Shiley Eye Center - UCSF - 9800 Gilman Drive

La Jolla, CA 92093-0946

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Denise S. Durnie, MD

Secretary (S)

5520 College Boulevard - Suite #201

Ovenden Park, KS 66211

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)