

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004415

1. Entity 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 32714-5000

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

72-0907717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 P ☐ Delete
NAME SCUNZLIN, DAVID J MD
STREET ADDRESS 8900 GILMAN DR.
CITY-ST-ZIP LAJOLLA GA 92093-0946

TITLE P ☒ Change ☐ Addition
NAME Schanzlin, David J MD
STREET ADDRESS 9500 Gilman Drive
CITY-ST-ZIP La Jolla, CA 92093-0946

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

TITLE EVP ☒ Change ☐ Addition
NAME Robin, Jeffrey B MD
STREET ADDRESS 4830 W. Kennedy Blvd, #150
CITY-ST-ZIP Tampa, FL 33609

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

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

TITLE S ☐ Delete
NAME DURRIE, DANIEL S MD
STREET ADDRESS 5250 COLLEGE BLVD., STE #201
CITY-ST-ZIP OVENLAND PARK KS 66211

TITLE S ☒ Change ☐ Addition
NAME Durrie, Daniel S MD
STREET ADDRESS 5520 College Blvd.
CITY-ST-ZIP Overland Park, KS 66211

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

TITLE D ☒ Change ☐ Addition
NAME Best, Elizabeth A
STREET ADDRESS 961 Moss Tree Place
CITY-ST-ZIP Longwood, FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

407.786-7446

Daytime Phone #

CR2E037 (9/99)