

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004415

1. Entity Name

INTERNATIONAL SOCIETY OF REFRACTIVE SURGERY, INC

Principal Place of Business

Mailing Address

1175 SPRING CTR S BLVD #152  
ALTAMONTE SPRINGS FL 32714

1175 SPRING CTR S BLVD #152  
ALTAMONTE SPRINGS FL 32714

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

Name JULIA LEWIS

Street Address (P.O. Box Number is Not Acceptable)  
1180 SPRINGS CENTRE SOUTH BLVD., STE. 116

City ALTAMONTE SPRINGS

FL

Zip Code  
32714

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

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  
NAME SCUNZLIN, DAVID J MD ☒ Delete  
STREET ADDRESS 9500 GILMAN DRIVE  
CITY-ST-ZIP LA JOLLA CA 92093-0946

TITLE P  
NAME MICHAEL LAWLESS ☒ Change ☐ Addition  
STREET ADDRESS 66 PACIFIC HIGHWAY  
CITY-ST-ZIP ST. LEONARDS 2065 AUSTRALIA

TITLE EVP  
NAME ROBIN, JEFFREY B MD ☐ Delete  
STREET ADDRESS 4830 WEST KENNEDY BLVD. #150  
CITY-ST-ZIP TAMPA FL 33609

TITLE  
NAME 1180 SPRINGS CENTRE SOUTH BLVD. STE 116 ☒ Change ☐ Addition  
STREET ADDRESS ALTAMONTE SPRINGS, FL 32714  
CITY-ST-ZIP

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

TITLE T  
NAME CURTIN G. KELLEY, M.D. ☒ Change ☐ Addition  
STREET ADDRESS 303 EAST TOWN STREET  
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE S  
NAME DURRIE, DANIEL S MD ☐ Delete  
STREET ADDRESS 5520 COLLEGE BLVD.  
CITY-ST-ZIP OVENLAND PARK KS 66211

TITLE S  
NAME DURRIE, DANIEL S., M.D. ☒ Change ☐ Addition  
STREET ADDRESS 5520 COLLEGE BLVD. #201  
CITY-ST-ZIP OVERLAND PARK, KS 66211

TITLE D  
NAME BEST, ELIZABETH A ☒ Delete  
STREET ADDRESS 961 MOSS TREE PLACE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D  
NAME JULIA LEWIS ☐ Change ☐ Addition  
STREET ADDRESS 1180 SPRINGS CENTRE SOUTH BLVD. STE 116  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 JULIA C. LEWIS

8/7/01 407-786-7446



DO NOT WRITE IN THIS SPACE

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