

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90873 036 ****61.25

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

1180 Spring Ctr S Blvd

1180 Spring Ctr S Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

116

116

City & State

City & State

Altamonte Springs FL

Altamonte Springs FL

Zip

Country

Zip

Country

32714

32714

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

LEWIS, JULIA

1180 SPRINGS CENTRE SOUTH BLVD, #116
 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
 NAME LAWLESS, MICHAEL
 STREET ADDRESS 66 PACIFIC HIGHWAY.
 CITY-ST-ZIP ST LEONARDS AU 2065 ☒ Delete

TITLE P
 NAME Holladay, Jack T
 STREET ADDRESS 5108 Brazburn Drive
 CITY-ST-ZIP Bellaire, TX 77401 ☒ Change ☐ Addition

TITLE EVP
 NAME ROBIN, JEFFREY B MD
 STREET ADDRESS 1180 SPRINGS CENTRE S BLVD, #116
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP No Change to: ☐ Change ☐ Addition

TITLE T
 NAME KELLEY, CURTIN G MD
 STREET ADDRESS 303 EAST TOWN STREET
 CITY-ST-ZIP COLUMBUS OH 43215 ☐ Delete

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

TITLE S
 NAME DURRIE, DANIEL S MD
 STREET ADDRESS 5520 COLLEGE BLVD, #201
 CITY-ST-ZIP OVERLAND PARK KS 66211 ☐ Delete

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

TITLE D
 NAME LEWIS, JULIA
 STREET ADDRESS 1180 SPRINGS CENTER SOUTH BLVD, #116
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

3/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)