

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000004415

FILED
Jan 02, 2003
Secretary of State

Entity Name: INTERNATIONAL SOCIETY OF REFRACTIVE SURGERY, INC.

Current Principal Place of Business:

1180 SPRING CTR S BLVD
116
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1180 SPRING CTR S BLVD
116
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 72-0907717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, JULIA
1180 SPRINGS CENTRE SOUTH BLVD, #116
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLLADAY, JACK T
Address: 5108 BRAEBURN DRIVE
City-St-Zip: BELLAIRE, TX 77401

Title: T () Delete
Name: KELLEY, CURTIN G MD
Address: 303 EAST TOWN STREET
City-St-Zip: COLUMBUS, OH 43215

Title: S () Delete
Name: DURRIE, DANIEL S MD
Address: 5520 COLLEGE BLVD, #201
City-St-Zip: OVERLAND PARK, KS 66211

Title: D () Delete
Name: LEWIS, JULIA
Address: 1180 SPRINGS CENTER SOUTH BLVD, #116
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA LEWIS

D

01/02/2003

Electronic Signature of Signing Officer or Director

_____ Date