

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000005507**

1. Entity Name

LASERSIGHT CENTERS INCORPORATED

Principal Place of Business

**3300 UNIVERSITY BLVD.
WINTER PARK FL 32792
US**

Mailing Address

**3300 UNIVERSITY BLVD.
WINTER PARK FL 32792
US**

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

63-0138090

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	CEO			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	FARRIS, MICHAEL R									
	3000 UNIVERSITY BLVD, STE 140									
	WINTER PARK FL 32792									
	TD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	WILSON, GREGORY L									
	3300 UNIVERSITY BLVD STE 140									
	WINTER PARK FL 32792									
	SD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	LITSCHER, MICHAEL D									
	3300 UNIVERSITY BLVD STE 140									
	WINTER PARK FL 32792									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01
Date407 678 9900
Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)