

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H44736

1. Entity Name

EYE ASSOCIATES OF TALLAHASSEE, P.A.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90071 033 ***150.00

Principal Place of Business

2819 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308
US

Mailing Address

2819 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308-4405
US

904268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2521287

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

BOOTH, EDGAR C.
2804 REMINGTON GREEN CIRCLE
STE. #4
TALLAHASSEE FL 32308

Name FRANCIS C. SKILLING, JR, M.D.

Street Address (P.O. Box Number is Not Acceptable) 2819 CAPITAL MEDICAL BLVD

City TALLAHASSEE FL Zip Code 32308

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

Francis C. Skilling Jr. 13 Jan 2000

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, 2000 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 DP
NAME SKILLING, JR F
STREET ADDRESS 413 MERIDIAN PLACE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE DVP
NAME WEAVER, TONYA
STREET ADDRESS 3726 DAGGER WING COURT
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE DS
NAME KATO, KENNETH P
STREET ADDRESS 2515 BETTON WOODS DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Francis C. Skilling Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 January 2000

Date

Daytime Phone #

850-878-6161

CR2E034 (9/99)