

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90071 005 ***150.00

DOCUMENT # H95174

1. Entity Name
REGIONAL EYE INSTITUTE, INC.

Principal Place of Business C/O PANGIA & CO.CPA.PC 55 MARKET STREET POUGHKEEPSIE NY 8 US	Mailing Address % THOMAS J. PANGIA 1920 PALM BEACH LAKES BLVD., SUITE 215 WEST PALM BEACH FL 33409-3506
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1920 PALM BEACH LAKES BLVD Suite, Apt. #, etc. # 215 City & State WEST PALM BEACH FL	3. Mailing Address C/O PANGIA & CO.CPA.PC Suite, Apt. #, etc. 55 MARKET SE City & State POUGHKEEPSIE NY--
Zip 33409 Country USA	Zip 11261 Country USA

4. FEI Number 59-2200520	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PANGIA, THOMAS J. 1920 PALM BEACH LAKES BLVD. SUITE 215 WEST PALM BEACH FL 33409	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* DATE 4/6/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
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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: THOMAS J. PANGIA DATE: 4/6/00 561 689 9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)