## **2003 FOR PROFIT CORPORATION**

## Mar 11, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBI J23283 DOCUMENT # 1. Entity Name 03-11-2003 90137 037 \*\*\*150.00 CENTER FOR SIGHT, P.A. Principal Place of Business Mailing Address 1360 E. VENICE AVE. 1360 E. VENICE AVE. VENICE FL 34292 VENICE FL 34292 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2691910 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOONE, JEFFERY A Street Address (P.O. Box Number is Not Acceptable) 1001 AVENIDA DEL CIRCO VENICE FL 34285 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ■ Addition SHOEMAKER, DAVID W. NAME NAME STREET ADDRESS 1360 E. VENICE AVE. STREET ADDRESS CITY-ST-7/P VENICE FL 34292 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

SIRIDAVIL W. Shoemaken 2-25-03 941-488-2020 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

12. Thereby certify that the information supplied with this filling 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 suppliemental report is true and accurage 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 employered because this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if