

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97080

1. Entity Name

MID-FLORIDA EYE CENTER, P.A.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90003 011 ***150.00

Principal Place of Business

Mailing Address

17560 W HWY 441
MOUNT DORA FL 32757

17560 W HWY 441
MOUNT DORA FL 32757

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 **59-2848302**

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

PULLUM, J. STEPHEN
1330 W CITIZENS BLVD
SUITE 701
LEESBURG FL 34748

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

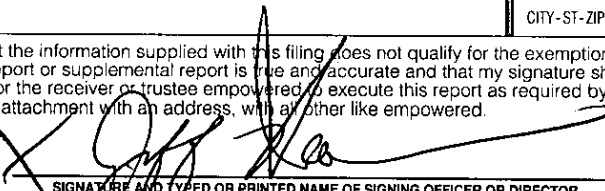
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	BAUMANN, JEFFREY D. MD	
STREET ADDRESS	17560 W HWY 441	
CITY-ST-ZIP	MT DORA FL	
TITLE	VD	☐ Delete
NAME	PANZO, GREGORY J. MD	
STREET ADDRESS	17560 W HWY 441	
CITY-ST-ZIP	MT DORA FL	
TITLE	VD	☐ Delete
NAME	KEITH, CHARLES	
STREET ADDRESS	17560 W HWY 441	
CITY-ST-ZIP	MT DORA FL	
TITLE	SD	☐ Delete
NAME	MAIZEL, RAY D	
STREET ADDRESS	17560 W HWY 441	
CITY-ST-ZIP	MT DORA FL	
TITLE	TD	☐ Delete
NAME	GOLDEY, STACIA H	
STREET ADDRESS	17560 W HWY 441	
CITY-ST-ZIP	MT DORA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (10/00)

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 another like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #