

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000006557**

1. Entity Name

PREMIER LASER VISION, L.L.C.

Principal Place of Business

**17560 W. HIGHWAY 441
MOUNT DORA FL 32757**

Mailing Address

**17560 W. HIGHWAY 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

APPLIED FORApplied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM BAUMANN, JEFFREY D M.D. 17560 W. HIGHWAY 441 MOUNT DORA FL 32757	<input type="checkbox"/>		<input type="checkbox"/>
MGRM PANZO, GREGORY J M.D. 17560 W. HIGHWAY 441 MOUNT DORA FL 32757	<input type="checkbox"/>		<input type="checkbox"/>
MGRM MAIZEL, RAY, DAVID M.D. 17560 W. HIGHWAY 441 MOUNT DORA FL 32757	<input type="checkbox"/>		<input type="checkbox"/>
MGRM GOLDEY, STACIA H M.D. 17560 W. HIGHWAY 441 MOUNT DORA FL 32757	<input type="checkbox"/>		<input type="checkbox"/>
MGRM CHARLES, KEITH M.D. 17560 W. HIGHWAY 441 MOUNT DORA FL 32757	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-07-2002 90383 006 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)