

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0087' 2

DOCUMENT # L01000005542

1. Entity Name
EYE PHYSICIANS - MASTER ASSOCIATION, L.L.C.

03-29-2002 90800 050 ****50.00

Principal Place of Business 1345 WEST BAY DRIVE SUITE 101 LARGO FL 33770	Mailing Address 1345 WEST BAY DRIVE SUITE 101 LARGO FL 33770
--------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

City & State	City & State	4. FEI Number 80-0007094	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent

**WEINSTOCK, STEPHEN M
 1345 WEST BAY DRIVE
 SUITE 101
 LARGO FL 33770**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTOCK, STEPHEN M 1345 WEST BAY DRIVE LARGO FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED **1/7/02** **727 581 8706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (9/01)