

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000002752****1. Entity Name**
SOUTHWEST FLORIDA OPTOMETRIC PHYSICIANS, P.L.**Principal Place of Business**
15101 BLACKHAWK DRIVE
FORT MYERS FL 33912**Mailing Address**
15101 BLACKHAWK DRIVE
FORT MYERS FL 33912**2. Principal Place of Business**
1619 DEL PRADO BLVD**3. Mailing Address**
Suite, Apt. #, etc.**Suite, Apt. #, etc.****Suite, Apt. #, etc.****City & State**
CAPE CORAL FL**City & State****Zip**
33904**Country****Zip****Country****4. FEI Number**
65-0919918**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****EMANUELE KENNETH O.D.**
15101 BLACKHAWK DRIVE
FORT MYERS FL 33912
US**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** **01/16/2001**
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**9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES****TITLE** **MGRM** ☐ **Delete**
NAME **GARLIA VIVIANNE**
STREET ADDRESS **15101 BLACKHAWK DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33912****TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **MGRM** ☐ **Delete**
NAME **EMANUELE KENNETH O.D.**
STREET ADDRESS **15101 BLACKHAWK DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33912****TITLE** ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**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:** **Kenneth Emanuele** **Dr.** **01/16/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)