## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L9900003279  1. Entity Name  EYE SURGERY & LASER CENTER, LLC					FILED			Î
					01 APR -4 AM 8: 01			
					•			
Principal Plac	ce of Business	Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
409 AVE. K., S.E. WINTER HAVEN FL 33880		409 AVE. K., S.E.			TOUR DATE OF STREET	COMPA		
WINTER HAV	/EN FL 33880	WINTER HAVEN FL 3388	0			*****		
				·				
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address		A INDIANOIS DAN SOURD JENIY DONA BRENI	OBINE DONAL OBERO HENDE ERRE	(E3  8 (B    00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del>-</del>	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FFI !	4. FEI Number Applied For			
					59-3581143	<del></del>	lot Applicable	
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	□ \$5.00 Ad Fee Require	lditional ed	
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of New Reg			
WELOU	DANIER M	•	Name			-,		
WELCH, 407 AVE.	DANIEL W	Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
	HAVEN FL 33880						1	
		,	City			FL Zip Coo	de	•
8. The above	named entity submits this statement fo	or the purpose of changing its	registered office or regi	istered agent,	or both, in the State of Florid	a.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature rec	quired when reinstati	ng)	DATE		
		FILE NO	OW!!! FEE IS \$50.0	00				
		Make Check Pa	yable to Departmer	nt of State	·			
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS/CH	IANGES		
TITLE	MGRM	☐ Delete	TITLE			☐ Change	☐ Addition	8
NAME STREET ADDRESS	WELCH, DANIEL W 407 AVE. K., S.E.		NAME STREET ADDRESS		•			5
CITY+ST-ZIP	WINTER HAVEN FL 33880	<b>8</b> 1.0 01	CITY-ST-ZIP					2E083 (11/00)
itle Name	MGRM	☐ Delete	TITLE NAME		The same same same same same same same	Change	Addition	
STREET ADDRESS	LOEWY, DAVID M 407 AVE. K., S.E.		STREET ADDRESS		700 <u>00</u> 33	77-77023-	-005	
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP		*****	0.00 ****	*50.00	
TITLE NAME	MGRM FISCHER, FRANK	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	407 AVENUE K, S.E.		STREET ADDRESS	-			:	
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP				<u>.</u>	i
TTLE XME	MGRM = SCHEMMER, GARY	☐ Delete	TITLE NAME			Change	☐ Addition	
TREET ADDRESS	407 AVENUE K, S.E.		STREET ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP					
itle Iame	MGRM	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
TREET ADDRESS	SILBIGER, JOHNATHAN 407 AVENUE K, S.E.		STREET ADDRESS					
ITY-ST-ZIP	WINTER HAVEN FL 33880	٠.	CITY-ST-ZIP		<u> </u>			
ITÊE ÂME		☐ Delete	TITLE NAME		,	Change	☐ Addition	
TREET ADDRESS			STREET ADDRESS					
ITY-ST-ZIP			CITY-ST-ZIP					
<ol> <li>I hereby of indicated</li> </ol>	certify that the information supplied with on this report is true and accurate and bility company or the received or truste	this filing does not qualify for that my signature shall have t	the exemption stated in he same legal effect as	Section 119.0 if made under	07(3)(i), Florida Statutes. I fur oath; that I am a managing	ther certify that the in	nformation er of the	
limited lial	bility company or the feceiver or truste	experience to execute this r	eport as required by Ch	apter 608, Flo	rida Statutes.			•
SIGNAT	upe. Ksicobb		が温回って、	ew4	4-201 86	-3-294-35	-04	
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, MAN			Date	Daytime Phone #		