

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006409**

1. Entity Name
EYE PHYSICIANS LAND ASSOCIATION, L.L.C.

FILED

01 JAN 29 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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 **59-3599639** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM WEINSTOCK, STEPHEN M**
STREET ADDRESS **1345 WEST BAY DRIVE, SUITE 101**
CITY-ST-ZIP **LARGO FL 33770**

TITLE Change Addition
NAME **300003632003--1**
STREET ADDRESS **-02/05/01--01009--014**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE Delete
NAME **MGRM RICHARDS, KRISTENE H**
STREET ADDRESS **1345 WEST BAY DRIVE, SUITE 101**
CITY-ST-ZIP **LARGO FL 33770**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *[Signature]* **SIGNATURE REQUIRED** Date 1/5/2001 Daytime Phone # 727 581 8706

CR2E083 (11/00)