

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000006517**

1. Entity Name  
 EBW LASER OF OCALA, L.L.C.

|  |  |
|--|--|
| Principal Place of Business<br>3330 SW 33RD ROAD<br><br>OCALA FL 34474 | Mailing Address<br>3330 SW 33RD ROAD<br><br>OCALA FL 34474 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State |
|---|---|

4. FEI Number **62-1818116**  
 Applied For  Not Applicable

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

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

6. Name and Address of Current Registered Agent  
 WILLIAM ALLAN KING, ESQ.  
 7 E. SILVER SPRINGS BLVD., SUITE 500  
 OCALA FL 34470 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 \_\_\_\_\_ DATE **04/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS / MEMBERS                  |   | 10. ADDITIONS / CHANGES                        |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>EBW LASER, INC.<br>3312 BATTLEGROUND AVE.<br>WINSTON-SALEM NC 27410 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>OCALA EYE SURGERY CENTER, INC.<br>3330 SW 33RD ROAD<br>OCALA FL 34474 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: GORDON C. SCHWENK MD** P **04/27/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)