

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002706

1. Entity Name

SOPER INTERNATIONAL OPHTHALMICS, LLC

FILED

Principal Place of Business

Mailing Address

2528 TRAILMATE DR
SARASOTA, FL 34243

01 JUN 18 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

N/A

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

34243

Country

SARASOTA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MR. ROBERT SMART
Soper International Ophthalmics, LLC
2528 Trailmate Drive
Sarasota, FL 34243

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

David J. Dougherty

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DAVID J. DOUGHERTY
23714 WAYNES WAY
GOLDEN CO 80401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004437948--7
-06/22/01--01093--007
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
Robert Smart
2401 Post Rd
SARASOTA, FL 34231

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004437948--7
-06/22/01--01093--007
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☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ 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: David J. Dougherty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)