2002 UNIFORM BUSINESS REPORT (UBR)

0037008

DOCUMENT # N01000002527

1. Entity Name

PALM BEACH COUNTY OPHTHALMOLOGY SOCIETY, INC.

FILED

02 APR 24 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O VISUAL HEALTH AND SURGICAL CENTER 2889 10TH AVENUE NORTH LAKE WORTH FL 33461	C/O VISUAL HEALTH AND SURGICAL CENTER 2889 10TH AVENUE NORTH LAKE WORTH FL 33461

2. Principal Place of Business	3. Mailing Address
c/o Michael Levine, MD, PA	c/o Michael Levine, MD, PA
Suite, Apt. #, etc.: 1325 S. Congress Ave, Suite 107	Suite, Apt. #, etc.: 132 S. Congress Ave, Suite 107
City & State: Boynton Beach FL	City & State: Boynton Beach FL
Zip: 33426 Country: USA	Zip: 33426 Country: USA

4. FEI Number 65-1098105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVIN, MICHAEL M.D. 2601 N. FLAGLER DRIVE WEST PALM BEACH FL 33407	Name: Levine, Michael M.D. Street Address (P.O. Box Number is Not Acceptable): 1325 S. Congress Ave, Suite 107 City: Boynton Beach FL Zip Code: 33426

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHACKNOW, PAUL MD, PHD 2889 10TH AVENUE NORTH LAKE WORTH FL 33461	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500005452125--2 -05/06/02--01021--016 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVINE, MICHAEL MD 2889 10TH AVENUE NORTH LAKE WORTH FL 33461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Levine, Michael 1325 S. Congress Ave, Suite 107 Boynton Beach, FL 33426 ■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OMBRES, RICHARD MD 2889 10TH AVENUE NORTH LAKE WORTH FL 33461	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Director David Cano, MD 1920 Palm Beach Lakes Blvd, Suite 209 West Palm Beach, FL 33401 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director Lawrence Halpern, MD 450 Glades Rd, Suite 1EC Boca Raton, FL 33431 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED MD, PA 4/2/02 (561) 832-8729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #