2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23684

1. Entity Name



Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90133 029 ****70.00

FILED

THE SIGHT FOUNDATION OF E, INC.	THE FLORIDA EYE INSTITUT	O VI III		
Principal Place of Business	Mailing Address			
1750 Indian River Blvd. (Ero BCH. Fl 3296)	2750 Indian River Blvd. Vero BCH. Fl. 32960			

			VERO BCI	VERO 8CH. FL 32960 3. Mailing Address								
			3. Mailing									
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City 8	City & State			4. F	4. FEI Number 65-0050113 Applied For				
Zìp	Country Zip C			Cot	ıntry				\$8.75 Ac			
	6. Name and	Address of Current	Registered /	Agent			7. N	lame and Ad	dress of New Re	ealstere	•	
	•	للمعاد الطلاح وتهاران	÷ ~ · ·	- ·-= ·		- Name			ء يو اسم			·
MINOTTY, PAUL V.								(20.0)				
	DIAN RIVER BLVD	•		-		Street Address (P.O. Box Number is Not Acceptable)						
VERO B	CH. FL 32960											
	N1.76					City		<u></u>		F	Zip Coo	de
8. The abov	e named entity subn	nits this statement fo	r the purpose	of changing its	registere	ed office or regis	istered and	ent or both in	the State of Flor			
the obliga	ations of registered a	gent.		or analyging no	·ogiotoit	onice of regic	stered age	art, or sourt, a	THE STATE OF FIOR	ida. Tar	n ramiliar with,	, and accept
SIGNATURE												
	Signature, typed or printe	d name of registered agent a	and title if applicab	ile. (NOTE	: Registered	f Agent signature requ	uired when rein	nstating)		DATE		
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FILE NOW: FEE IS \$61.25								\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				to State
10.		OFFICERS AND DIF	RECTORS		11.	· · · · · · · · · · · · · · · · · · ·	ADDITIO	ONS/CHANG	I ES TO OFFICER	S AND F	DIDECTORS IN	110
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CITY-ST-ZIP	VERO BCH. FL	•				ST-ZIP						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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

CITY-ST-ZIP

SIGNATURE:

2/28/03

772-569-9671)