2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90396 001 ***122.50

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DOCUMENT # N38056

1. Entity Name

FLORIDA EYE INJURY REGISTRY, INC.

Principal Place of Business	Mailing Address
1133 W MORSE BLVD #201 WINTER PARK FL 32789-3788	1133 W MORSE BLVD #201 WINTER PARK FL 32789-3788

65493

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4494 Southside Blvd	4494 Southside Blvd
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32216 Country: USA	Zip: 32216 Country: USA

4. FEI Number: 59-3051564 ☐ 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
STEALEY, MARJORIE 10 CROW SEGAL MGMT CO. 1133 W. MORSE BLVD., STE 201 WINTER PARK FL 32789-3788	Name: Christopher R. Seymour Street Address (P.O. Box Number is Not Acceptable): 4494 Southside Blvd #201 City: Jacksonville **FL** Zip Code: 32216

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: CHRISTOPHER R. SEYMOUR, EXECUTIVE DIRECTOR 3-9-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	EVPD DAVIS, ROBERT 1133 W MORSE BLVD #201 WINTER PARK FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Michels, Mark 3399 PGA Blvd #220 Palm Beach Gardens, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUPTA, SUNIL 4511 N DAVIS HWY #A PENSACOLA FL 32503	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Trentacoste, Joseph 15600 NW 67th Ave #210 Hialeah, FL 33014	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CANO, DAVID 2601 N FLAGLER DR, #203 W PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWMARK, EMMANUEL 140 JOHN F. KENNEDY CIRCLE, #140 ATLANTIS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAYTON, JOHN R. JR 8333 N DAVIS HWY PENSACOLA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROLEY, JAMES 613 DEL PRADO BLVD CAPE CORAL FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 CHRISTOPHER R. SEYMOUR, EXECUTIVE DIRECTOR 3-9-01 904-598-0853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #