2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
01-21-2002 90029 018 ****61.25

DOCUMENT # N38056

1. Entity Name

FLORIDA EYE INJURY REGISTRY, INC.

Principal Place of Business	Mailing Address
4494 SOUTHSIDE BLVD #201 JACKSONVILLE FL 32216	4494 SOUTHSIDE BLVD #201 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8833 Perimeter Park Boulevard	8833 Perimeter Park Boulevard
Suite, Apt. #, etc.: #301	Suite, Apt. #, etc.: #301
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
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

SEYMOUR, CHRISTOPHER
4494 SOUTHSIDE BLVD #201
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: Christopher R. Seymour
Street Address (P.O. Box Number is Not Acceptable): 8833 Perimeter Park Boulevard, #301
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: Chris Seymour CHRISTOPHER R. Seymour, EXECUTIVE DIRECTOR 1-12-02
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	P MICHELS, MARK 3399 PLM BCH GRDNS BLVD PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TRENTACOST, JOSEPH 15600 NW 67TH AVE #210 HIALEAH FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	ED CHRISTOPHER R. SEYMOUR 8833 Perimeter Park Blvd. #301 Jacksonville, FL 32216	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Dr. Richard G. Shugarman 109A JFK Drive Atlantis, Florida 33462	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Mark Dorfman 2740 Hollywood Boulevard Hollywood, Florida 33020	☐ 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 Chris Seymour CHRISTOPHER R. Seymour 1-12-02 904 998-0815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR