

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90101 023 \*\*\*150.00

**DOCUMENT # P00000014170**



**1. Entity Name**  
**MARROTTE VISION CARE ASSOCIATES, P.A.**

**Principal Place of Business**  
**PALM BEACH EYES OF BOCA RATON**  
**4400 N FEDERAL HWY. STE 134**  
**BOCA RATON FL 33431**

**Mailing Address**  
**10229 LEXINGTON ESTATE BLVD.**  
**BOCA RATON FL 33428**

**11009076**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Boca Raton, FL**

**City & State**

**4. FEI Number** **65-0991432**

**Applied For**

**Not Applicable**

**Zip** **33428**

**Country** **USA**

**Zip**

**Country**

**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**

**MARROTTE, RICHARD DR.**  
**4400 N FEDERAL HIGHWAY**  
**SUITE 134**  
**BOCA RATON FL 33431**

**Name** **Marrotte, Richard Dr.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10229 Lexington Estate Blvd.**  
**City** **Boca Raton** **FL** **Zip Code** **33428**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

**RICHARD MARROTTE President**

**4/11/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ **Delete**  
**NAME** **MARROTTE, RICHARD D**  
**STREET ADDRESS** **10229 LEXINGTON ESTATE BLVD.**  
**CITY-ST-ZIP** **BOCA RATON FL 33428**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-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), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/11/03 561-477-6466**

CR2E034 (10/02)