

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90066 002 ***150.00

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1. Entity Name
OPTOMETRIC ASSOCIATES OF OCALA, INC.



Principal Place of Business
**1500 SE MAGNOLIA EXTENSION
SUITE 206
OCALA FL 34471**

Mailing Address
**1500 SE MAGNOLIA EXTENSION
SUITE 206
OCALA FL 34471**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3651476**

Applied For
Not Applicable

Zip

Country

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

**KING, WILLIAM A
1531 SE 36TH AVENUE
OCALA FL 34471**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME **VP**
STREET ADDRESS **SAMY, CHANDER MD**
CITY-ST-ZIP **1500 SE MAGNOLIA EXTENSION SUITE 106
OCALA FL 34471**

TITLE ☐ Change ☒ Addition
NAME **TR WARREN, RICHARD MD**
STREET ADDRESS **1500 SE MAGNOLIA EXT SUITE 206**
CITY-ST-ZIP **OCALA, FLORIDA 34471**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SCHWENK, GORDON C MD**
CITY-ST-ZIP **1500 SE MAGNOLIA EXTENSION SUITE 106
OCALA FL 34471**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **POLACK, PETER J MD**
CITY-ST-ZIP **1500 SE MAGNOLIA EXTENSION SUITE 106
OCALA FL 34471**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DEATON, JOHN S DO**
CITY-ST-ZIP **1500 SE MAGNOLIA EXTENSION SUITE 106
OCALA FL 34471**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **JANK, MARK A MD**
CITY-ST-ZIP **1500 SE MAGNOLIA EXTENSION SUITE 106
OCALA FL 34471**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MORRIS, H. MICHAEL MD**
CITY-ST-ZIP **1500 SE MAGNOLIA EXTENSION SUITE 106
OCALA FL 34471**

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

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: Michael Morris MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03
Date

Daytime Phone #

CR2E034 (10/02)