

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90013 042 \*\*\*150.00

**DOCUMENT # P00000074697**

1. Entity Name  
**ATLANTIC EYE INSTITUTE, P.A.**

Principal Place of Business      Mailing Address  
**152 UNIVERSITY BLVD. NORTH**      **152 UNIVERSITY BLVD. NORTH**  
**JACKSONVILLE FL 32211**      **JACKSONVILLE FL 32211**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For

**59-3662455**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AKEL EDWARD C**  
**1 INDEPENDENT DR., SUITE 2301**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **Patricia S. Shmunes**  
 Street Address (P.O. Box Number is Not Acceptable) **152 University Blvd., North**  
 City **Jacksonville**      FL      Zip Code **32211**

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 *Patricia S. Shmunes*      DATE 4/12/01

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SIMMONS, RICHARD L</b>
STREET ADDRESS	<b>1235 SAN MARCO BLVD., SUITE 402</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHUMUNES, NEIL T</b>
STREET ADDRESS	<b>152 UNIVERSITY BLVD. NORTH</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Simmons, Richard L.</b>
STREET ADDRESS	<b>211 Beach Avenue</b>
CITY-ST-ZIP	<b>Atlantic Beach, Fl. 32233</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHMUNES, NEIL T.</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an officer, trustee empowered.

SIGNATURE: *Neil T. Shmunes*      DATE 4/12/01      (904) 725-2185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)