FILED
Jul 22, 2002 8:00 am
Secretary of State
07-22-2002 90160 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003578

1. Entity Name
LC EYE CENTER, INC.

Principal Place of Business	Mailing Address
3011 BLAKELY DRIVE ORLANDO FL 32835	3011 BLAKELY DRIVE ORLANDO FL 32835

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1717 South Orange Ave	1717 South Orange Ave
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: Suite 102
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32806 Country: Orange	Zip: 32806 Country: Orange

4. FEI Number: 59-3687505 ☐ 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
CHOO, LISA DR 3011 BLAKELY DRIVE ORLANDO FL 32835	Name Street Address (P.O. Box Number is Not Acceptable) 1717 South Orange Ave. St#102 City: Orlando FL Zip Code: 32806

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 ______ (signature) DATE: 6-24-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHOO, LISA DR 3011 BLAKELY DRIVE ORLANDO FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (signature) Date: 5-13-02 Daytime Phone #: 407-650-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR