2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State DOCUMENT # P01000027400 1. Entity Name 05-29-2002 93661 029 ***550.00 DR. BYRON W. LEEDS, O.D., P.A. Principal Place of Business Mailing Address 4025 BIBB LANE 4025 BIBB LANE ORALANDO-FL-02017 **GRALANDO-FL-92817** 2. Principal Place of Business 3. Mailing Address 2854 PACMETTO BIXEPT. 11250 EAST COLONIAL Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3706189 Applied For City & State City & State 32817 OUIEDO Not Applicable Country Zig 2817 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEGIS SME RECISIENED. BYROW LEEDS, BYRON W Street Address (P.O. Box Number is Not Acceptable) 4025-BIBB LANE CRALANDO FL 32817 OULFOO 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE P/T/S/D ☐ Delete NAME NAME LEEDS, BYRON W STREET ADDRESS 4025 BIBB LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORALANDO-FL-32817 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME > STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS: STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ap address, with all other like empowered