

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90056 021 ***150.00

DOCUMENT # P01000030070

1. Entity Name

MOBILE GLAUCOMA SERVICE, INC.



Principal Place of Business

**5540 BEE RIDGE ROAD
SUITE F
SARASOTA FL 34233**

Mailing Address

**5540 BEE RIDGE ROAD
SUITE F
SARASOTA FL 34233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1088658

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MORGAN, TODD H
5540 BEE RIDGE ROAD
SUITE F
SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name **DR. STUART A. GINDOFF**
Street Address (P.O. Box Number is Not Acceptable)
5415 DOMINICA CIRCLE
City **SARASOTA** FL Zip Code **34233**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/2003

**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 **D**
STREET ADDRESS **MORGAN, TODD H DR.**
CITY-ST-ZIP **5579 SOUTH OAK COURT
SARASOTA FL 34232**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GINDOFF, STUART A DR.**
CITY-ST-ZIP **5415 DOMINICA CIRCLE
SARASOTA FL 34233**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GINDOFF, SCOTT E**
CITY-ST-ZIP **5230 CENTRAL SARASOTA PARKWAY APT. 201
SARASOTA FL 34238**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAWSON, JAMIE S DR.**
CITY-ST-ZIP **5632-26TH STREET WEST
BRADENTON FL 34207**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1/21/2003

Date

Daytime Phone #

CR2E034 (10/02)