

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004319 AT

DOCUMENT # P01000114931

1. Entity Name  
SURGILIGHT OF FLORIDA, INC.

FILED

02 MAY -1 PM 12:51

Principal Place of Business  
12001 SCIENCE DR., STE. 140  
ORLANDO FL 32826

Mailing Address  
12001 SCIENCE DR., STE. 140  
ORLANDO FL 32826

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1990562

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

THE BUSINESS LAW GROUP  
455 S. ORANGE AVE., STE. 500  
ORLANDO FL 32801

## 7. Name and Address of New Registered Agent

Name

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

100005556921--3

-05/17/02--01031--024

City

\*\*\*\*150.0FL \*\*\*\*150.00

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, 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.  
(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

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | ALLEN, JOSEPH               |  |
| STREET ADDRESS | 12001 SCIENCE DR., STE. 140 |  |
| CITY-ST-ZIP    | ORLANDO FL 32826            |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | CHOW, LEE                   |  |
| STREET ADDRESS | 12001 SCIENCE DR., STE. 140 |  |
| CITY-ST-ZIP    | ORLANDO FL 32826            |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | COZEAN, COLETTE             |  |
| STREET ADDRESS | 12001 SCIENCE DR., STE. 140 |  |
| CITY-ST-ZIP    | ORLANDO FL 32826            |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | FREIBERG, ROBERT            |  |
| STREET ADDRESS | 12001 SCIENCE DR., STE. 140 |  |
| CITY-ST-ZIP    | ORLANDO FL 32826            |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | LIN, J.T.                   |  |
| STREET ADDRESS | 12001 SCIENCE DR., STE. 140 |  |
| CITY-ST-ZIP    | ORLANDO FL 32826            |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | MICHELSON, STUART           |  |
| STREET ADDRESS | 12001 SCIENCE DR., STE. 140 |  |
| CITY-ST-ZIP    | ORLANDO FL 32826            |  |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Valente, Dan               |  |
| STREET ADDRESS | 12001 Science Dr, Ste. 140 |  |
| CITY-ST-ZIP    | Orlando FL 32826           |  |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Guan, Peter                |  |
| STREET ADDRESS | 12001 Science Dr., Ste 140 |  |
| CITY-ST-ZIP    | Orlando FL 32822           |  |
| TITLE          | COO                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Shea, Timothy              |  |
| STREET ADDRESS | 12001 Science Dr., Ste 140 |  |
| CITY-ST-ZIP    | Orlando FL 32822           |  |
| TITLE          | CFO                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Siu, Rachel                |  |
| STREET ADDRESS | 12001 Science Dr., Ste 140 |  |
| CITY-ST-ZIP    | Orlando FL 32822           |  |
| 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 other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Shea

Date

Daytime Phone #

4/29/02 407-482-4555

CR2E034 (9/01)