FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90389 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000012308

1. Entity Name
FAMILY EYE CARE CENTER OF JACKSONVILLE, P.A.

90069000

Principal Place of Business	Mailing Address
9123 TIMERLIN LAKE ROAD JACKSONVILLE, FL 32256	9123 TIMERLIN LAKE ROAD JACKSONVILLE, FL 32256

2. Principal Place of Business	3. Mailing Address
8833 Perimeter Pk Blvd	8833 Perimeter Pk Blvd
Suite, Apt #, etc. #403	Suite, Apt #, etc. #403
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32216 Country USA	Zip 32216 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0579835 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEY, THERESA M
FORD, JETER, BOWLUS, DUSS, MORGAN, P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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] 3/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D KOENIGSBERG, ADAM M.D. 9123 TIMBERLIN LAKE ROAD JACKSONVILLE, FL 32256	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIGSBERG, ADAM 8833 Perimeter Pk Blvd #403 JACKSONVILLE FL 32216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] 3/28/03 904-996-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #