

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

04-16-2003 90222 038 ***150.00

DOCUMENT # P02000034271

1. Entity Name
DR. EMERT VISION GROUP, INC.



Principal Place of Business
1201 S. OCEAN DRIVE
SUITE 306
HOLLYWOOD FL 33019

Mailing Address
1201 S. OCEAN DRIVE
SUITE 306
HOLLYWOOD FL 33019

55038953



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

32-0013337

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

7. Name and Address of New Registered Agent

SOLOMON, MARC I ESQ.
4400 N. FEDERAL HIGHWAY
SUITE 210
BOCA RATON FL 33431

Name **RANDALL J. EMERT, D.D.**

Street Address (P.O. Box Number is not Acceptable)
1201 S. OCEAN DRIVE

SUITE 306

City **HOLLYWOOD, FLORIDA FL** **33019**

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

Randall J. Emert, D.D.

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 **D** ☐ Delete
NAME **EMERT, RANDALL J O.D.**
STREET ADDRESS **1201 S. OCEAN DRIVE, SUITE 306**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Randall J. Emert, D.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2003

Date

954-929-1238

Daytime Phone #

CR2E034 (10/02)