2003 FOR PROFIT CORPORATION

Jan 21, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** P02000079790 DOCUMENT # 01-21-2003 90506 020 ***150.00 OPHTHALMOLOGY ASSOCIATES OF SOUTH FLORIDA, P.A. Principal Place of Business Mailing Address 1817 HARBOR POINTE CIR 1817 HARBOR POINTE CIR WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address 3100 CORGI HULS OR 3100 CORAL T CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 184051 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RITTER, GREGORY J ESQ Street Address (P.O. Box Number is Not Acceptable) 7000 W PALMETTO PARK RD STE 400 **BOCA RATON FL 33433** City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition ☐ Delete GLICK, HENRY D.O. GLICK, HENRY D.O. NAME NAME 3100 CORAL HILLS DR., SUITE 206 1817 HARBOR POINTE CIR STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change -TITLE TITLE - 🗔 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 ddress, with all other

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition

CR2E034 (10/02)