

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-09-2003 90098 048 ***150.00

DOCUMENT # P02000105675	
1. Entity Name FLAGLER EYE CENTER, PA	
Principal Place of Business 2126 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	Flagler Eye Center Mark Kennedy M. D. Ste 3805 61 Memorial Medical Pkwy Palm Coast, Fla. 32164 Ste.3805
2. Principal Place of Business	



Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State	City & State	4. FEI Number 73-1659679	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KENNEDY, MARK 2126 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176		Name Street Address (P.O. Box Number is Not Acceptable) 61 Memorial Medical Parkway Ste 3805 City Palm Coast FL Zip Code 32164	

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] (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, MARK 2126 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 Memorial Medical Parkway Ste 3805 Palm Coast, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (10/02)