

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90091 036 ***150.00

DOCUMENT # P93000015275

1. Entity Name
GEORGE L. VAZOUHAS, O.D., P.A.



Principal Place of Business
10365 SE HWY 441
BELLEVUE FL 34420
US

Mailing Address
2901 SW 41ST STREET
#904
OCALA FL 34474
US



2. Principal Place of Business

3. Mailing Address

24 Wintergreen Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ocala FL

4. FEI Number 59-3165481

Applied For
Not Applicable

Zip

Country

Zip

Country

34482

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

GEORGE L. VAZOUHAS
5005 NW 71 PLACE
GAINESVILLE FL 32653

Name

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

24 Wintergreen Way

City

Ocala

FL

34482

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VAZOUHAS, GEORGE L**
STREET ADDRESS **5005 NW 71 PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ Change ☐ Addition
NAME **24 Wintergreen Way**
STREET ADDRESS **Ocala FL**
CITY-ST-ZIP **34482**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)