

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021512

1. Entity Name

KEY LARGO MEDICAL & SURGICAL EYE CENTER, INC. *ℓ*

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90088 040 ***150.00

Principal Place of Business

101415 OVERSEAS HWY
#201
KEY LARGO FL 33037
US

Mailing Address

P.O. BOX 3348
KEY LARGO FL 33037-8349
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0468981**

Applied For

Not Applicable

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

ROE, LARRY D MD
101415 OVERSEAS HWY
TRADEWIND PLAZA
KEY LARGO FL 33037

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|---|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROE, LARRY D MD 101415 OVERSEAS HWY SUITE 201 KEY LARGO FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROE, EARL D 101415 OVERSEAS HWY SUITE 201 KEY LARGO FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROE, THELMA 101415 OVERSEAS HWY SUITE 201 KEY LARGO FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 11 or Block 12 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

7/10/00 (307) 453-9090
Date Daytime Phone #

CE 104 (40)

74400021512

7068121

P.O. BOX 3349
KEY LARGO, FLORIDA 33037- 8349

L. D. Ian Roe, M.D.
OPHTHALMOLOGY

(305)453-9090
FAX 453-9007

07/07/00

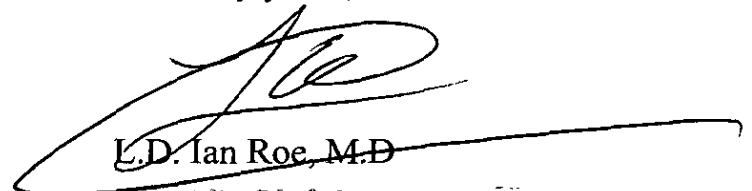
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern,

We just received our 2000 Uniform Business Report and on it it states it is the second notice. We have not received a first notice. We called your office and spoke with Cynthia and she informed us that we could write a letter stated we have not received the first notice and we would not be charged the extra fee.

I have enclosed the report and the regular fee along with this letter.
Thank you for your assistance.

Sincerely yours,



L.D. Ian Roe, M.D.