

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91715 048 \*\*\*150.00

**DOCUMENT # P94000021512****1. Entity Name**  
**KEY LARGO MEDICAL & SURGICAL EYE CENTER, INC.****Principal Place of Business**101415 OVERSEAS HWY  
#201  
KEY LARGO, FL 33037  
US**Mailing Address**P.O. BOX 3349  
KEY LARGO FL 33037-8349  
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

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**ROE, LARRY D MD  
101415 OVERSEAS HWY  
TRADEWIND PLAZA  
KEY LARGO FL 33037**7. Name and Address of New Registered Agent**

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

TITLE	D	<input type="checkbox"/> Delete
NAME	ROE, LARRY D MD	
STREET ADDRESS	101415 OVERSEAS HWY SUITE 201	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROE, EARL D	
STREET ADDRESS	101415 OVERSEAS HWY SUITE 201	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROE, THELMA	
STREET ADDRESS	101415 OVERSEAS HWY SUITE 201	
CITY-ST-ZIP	KEY LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02 (305) 453-9090

CR2E034 (9/01)