2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # **P95000047555**

1. Entity Name
OCALA EYE SURGERY CENTER, INC.

Principal Place of Business	Mailing Address
1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3323478** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWENK GORDON CM.D.
1500 S.E. MAGNOLIA EXTENSION, STE. 106
OCALA FL
34471 US

7. Name and Address of New Registered Agent

Name
KING WILLIAM ALLAN ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
7 E SILVER SPRINGS BLVD
SUITE 500
City OCALA **FL** Zip Code 34470

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 **WILLIAM ALLAN KING** **04/27/2001**
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAMY CHANDER MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORRIS MICHAEL 1500 SE MAGNOLIA EXT STE 106 OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORRIS MICHAEL MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JANK MARK AM.D. 1500 S.E. MAGNOLIA EXTENSION, SUITE 106 OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JANK MARK AM.D. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WARREN RICHARD CM.D. 1500 S.E. MAGNOLIA EXTENSION, SUITE 106 OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WARREN RICHARD CM.D. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEATON JOHN SD.O. 1500 S.E. MAGNOLIA EXTENSION, SUITE 106 OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEATON JOHN SD.O. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHWENK GORDON CM.D. 1500 S.E. MAGNOLIA EXTENSION, SUITE 106 OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHWENK GORDON CM.D. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471	☒ Change ☐ Addition

CR2E034 (11/00)

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: GORDON C. SCHWENK MD P 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PETER J. POLACK, MD VP
1500 SE MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471