2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90091 008 ***150.00

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

DO NOT WRITE IN THIS SPACE

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 59-3323478 ☐ 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
KING, WILLIAM ALLAN ESQUIRE 7 E SILVER SPRINGS BLVD SUITE 500 OCALA FL 34470	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHWENK, GORDON C M.D. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-P Polack, Peter J MD 1500 SE Magmnolia Ext Suite 106 Ocala, Florida 34471 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEATON, JOHN S D.O. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP. WARREN, RICHARD C M.D. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JANK, MARK A M.D. 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORRIS, MICHAEL MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAMY, CHANDER MD 1500 SE MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: William Allan King REQUIRED 1/30/2002 (352) 622-9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #