## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000047555

1. Entity Name

OCALA EYE SURGERY CENTER, INC.



FILED Jan 28, 2003 8:00 am Secretary of State

01-28-2003 90066 047 \*\*\*150.00

Principal Place of Business 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471  2. Principal Place of Business Suite, Apt. #, etc.  City & State  Zip Country		Mailing Address 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA FL 34471  3. Mailing Address									
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		Suite, Apt. #, etc.  City & State  Zip Country			☐ CHECK HERE IF MAKING CHANGES						
				4.		. FEI Number <b>59-3323478</b>			Applied For Not Applicable		
				untry 5					3.75 Additional e Required		
	6. Name and Address of Current	Registered Agent			7. N	ame and Address of New Reg	istered Ag	ent			
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KING, WILLIAM A 1531 SE 36TH AVE				Street Addi	Street Address (P.O. Box Number is Not Acceptable)						
OCALA FI	L 34471		1							ŀ	
			Ī	City		, <u>, ,</u>	FL	Zip Cod	e		
	named entity submits this statement folions of registered agent.	r the purpose of changing its	s registere	d office or re	gistered age	ent, or both, in the State of Florid	a. I am fa	niliar with	, and accept		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	ΓE: Registered	Agent signature r	required when rei	instating)	DATE				
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State				Election Campaign Finant Trust Fund Contribution.	cing		<b>00</b> May Be d to Fees		
10.	OFFICERS AND	L	11.		ADI	DITIONS/CHANGES TO OFFICE	DO AND F	IBECTOR	S IN 11	ĺ	
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STREET ADDRESS		☐ Delete	TITLE NAME	l <sub>D</sub>	~	, PETER MD.		Change	Addition	1	
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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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

SAMY, CHANDER MD

**OCALA FL 34471** 

1500 SE MAGNOLIA EXTENSION SUITE 106

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2003 (352/873-931

Daytime Phone #

☐ Change

☐ Addition

32E034 (10/02)