2002 UNIFORM BUSINES'S REPORT (UBR)

Jul 10, 2002 8:00 am Secrétary of State P95000060723 DOCUMENT # 1. Entity Name 07-10-2002 90191 047 ***150.00 SOUTH FLORIDA OPHTHALMICS, INC. Principal Place of Business Mailing Address 9453 AEGEAN DRIVE 9453 AEGEAN DRIVE **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 45-0640369 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LA FEVERS, LUCIA Street Address (P.O. Box Number is Not Acceptable) 9453 AEGEAN DRIVE **BOCA RATON FL 33496** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE TITLE ☐ Delete la fevers, lucia NAME NAME 9453 AEGEAN DRIVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE

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 empoy

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: LUSICALFEURZAE

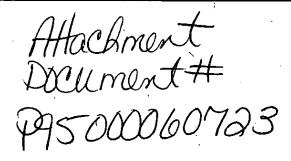
STREET ADDRESS

CITY-ST-ZIP

7 (Aresident) 7/2/02 (561) 482 9551

FILED

July 2, 2002



Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

RE: South Florida Ophthalmics, Inc. FEI No. 45-0640369
Document No. P95000060723

To Whom It May Concern:

This letter is to inform you that this corporation, South Florida Ophthalmics, Inc., did not receive the first notice regarding the Uniform Business Report from the Florida Department of State-Division of Corporations.

Due to this, I am respectfully requesting the late fee be waived. This current copy was received yesterday. I am including the payment for \$150.00.

Your attention and consideration is greatly appreciated. The current address that is on this report is correct and up-to-date. Should you need to contact me, I may be reached at (561) 482-9551.

Sincerely.

Lucia La Fevers

President

South Florida Ophthalmics, Inc.