

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024971

1. Entity Name

Eye Care Network of Central Florida, Inc.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90037 015 \*\*\*150.00

Principal Place of Business

Mailing Address

180 Park Ave. N  
Suite 200

180 Park Ave. N  
Suite 200

Winter Park, FL 32789-7401

Winter Park, FL  
32789-7401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3442540

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Jill S. Schwartz, Esquire  
180 Park Avenue North, Suite 200  
Winter Park, FL 32789

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)

1/19/2000

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, 2000 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  
Schwartz, Marc F. MD ☐ Delete  
331 N. Maitland Ave., Ste B-2  
STREET ADDRESS  
Maitland, FL 32751  
CITY-ST-ZIP  
President

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
Okun, Neil MD ☐ Delete  
2501 N. Orange Ave, Ste. 401  
STREET ADDRESS  
Orlando, FL 32804  
CITY-ST-ZIP  
Secretary

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
Cooperman, Elliot MD ☐ Delete  
311 E. Evans Street  
STREET ADDRESS  
Orlando, FL 32804  
CITY-ST-ZIP  
Vice President

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
Susi, J. Richard, DO ☐ Delete  
7326 Lk. Underhill Rd  
STREET ADDRESS  
Orlando, FL 32822 Vice Pres.

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
Garvey, James MD ☐ Delete  
1350 S. Orlando Ave  
STREET ADDRESS  
Winter Park, FL 32789  
CITY-ST-ZIP  
Treasurer

TITLE NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Change ☐ Addition  
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 #

CR2E014 (9/99)