

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069118

1. Entity Name

CATARACT & LASER SURGERY CENTER, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90077 023 ***150.00

Principal Place of Business

13051 UNIVERSITY DR.
FT. MYERS FL 33907

Mailing Address

13051 UNIVERSITY DR.
FT. MYERS FL 33907-5751

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0776141**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WINESETT, ROBERT A
2248 1ST ST.
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

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, 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

TITLE PD ☐ Delete
NAME GOROVY, MARK S M.D.
STREET ADDRESS 4225 EVANS AVE.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE DT ☐ Delete
NAME DAVIS, RICHARD M M.D.
STREET ADDRESS 9201 CYPRESS LAKE DR.
CITY-ST-ZIP FT. MYERS FL 33919

TITLE DV ☐ Delete
NAME SNEAD, JOHN W M.D.
STREET ADDRESS 1525 NEW BRITTANY BLVD
CITY-ST-ZIP FORT MYERS FL 33907

TITLE D ☐ Delete
NAME ELMQUIST, E T
STREET ADDRESS 12670 NEW BRITTANY BLVD
CITY-ST-ZIP FORT MYERS FL 33907

TITLE DS ☐ Delete
NAME CROLEY, JAMES E III
STREET ADDRESS 613 DEL PRADO BLVD S
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ Delete
NAME COX, GENE
STREET ADDRESS 3594 BROADWAY
CITY-ST-ZIP FORT MYERS FL 33901

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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: Mark S. Gorovoy, M. D. January 21, 2000 (941)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

590-6111

CR2E034 (9/99)