

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90210 015 ***150.00

DOCUMENT # P97000069118

1. Entity Name

CATARACT & LASER SURGERY CENTER, INC.

Principal Place of Business

**13051 UNIVERSITY DR.
 FT. MYERS FL 33907**

Mailing Address

**13051 UNIVERSITY DR.
 FT. MYERS FL 33907**

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

65-0776141

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

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

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	PD GOROVOY, MARK S M.D. 4225 EVANS AVE. FT. MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIS, RICHARD M M.D. 9201 CYPRESS LAKE DR. FT. MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SNEAD, JOHN W M.D. 1525 NEW BRITTANY BLVD FORT MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMQUIST, E T 12670 NEW BRITTANY BLVD FORT MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CROLEY, JAMES E III 613 DEL PRADO BLVD S CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, GENE 3594 BROADWAY FORT MYERS FL 33901	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen E. Smith MD 4225 EVANS AVE. FT. MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOROVOY, MARK S. M.D. 4225 EVANS AVE. FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Mark S. Gorovoy MD

Date

Daytime Phone #

01-09-02 (941) 939-4111

CR2E034 (9/01)