

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90246 023 ***150.00

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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**

☐ CHECK HERE IF MAKING CHANGES

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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, M. D. 4225 Evans Ave Ft. Myers, FL 33901 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #

CR2E034 (10/02)