## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 23, 2002 8:00 am Secretary of State P97000094913 DOCUMENT # 1. Entity Name VISION TWENTY-ONE EYE LASER CENTERS, INC. 05-23-2002 90029 050 \*\*\*150.00 Principal Place of Business Mailing Address 120 W. FAYETTE ST. 120 W. FAYETTE ST. 700 **BALTIMORE MD 21201-3741** BALTIMORE MD 21201-3741 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3478239 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.\_Name and Address of Current Registered Agent Name and Address of New Registered Agent SMITH, DARRELL C 101 E. KENNEDY BLVD. SUITE 2800 **TAMPA FL 33602** City .8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (10/6) Delete TITLE GILLETTE, THEODORE N NAME 7360 BRYAN DAIRY RD STE 200 STREET ADDRESS STREET ADDRESS LARGO FL 33777 CITY-ST-7/P CITY-ST-ZIP DP Delete TITLE Addition Change GORDON, MARK NAME 120 W. FAYETTE ST. #700 STREET ADDRESS STREET ADDRESS BALTIMORE MD 21201-3741 CITY-ST-ZIP CITY-ST-ZIP 33487 TITLE TITLE Change ☐ Addition JONES, RICHARD NAME NAME .120 W. FAYETTE ST., #700 STREET ADDRESS STREET ADDRESS **BALTIMORE MD 21201-3741** CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Change ☐ Addition GORDON, ELLEN NAME NAME 120 W. FAYETTE ST. #700 STREET ADDRESS STREET ADDRESS BALTIMORE MD 21201-3741 CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change ☐ Addition ALCORN, ANDREW NAME NAME STREET ADDRESS 120 W. FAYETTE ST. #200 STREET ADDRESS **BALTIMORE MD 21201-3741** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

FILED

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SUBJULIE WEINSTEIN AUDIE WEINSTEIN Servetury 4/29/02
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date