

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90198 001 ***150.00

DOCUMENT # P98000012317

1. Entity Name

VISION TWENTY-ONE EYE SURGERY CENTERS, INC.

Principal Place of Business

Mailing Address

7360 BRYAN DAIRY RD
 STE 200
 LARGO FL 33777

7360 BRYAN DAIRY RD
 STE 200
 LARGO FL 33777-1506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-3499853

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SMITH, DARRELL C
 101 EAST KENNEDY BLVD.
 SUITE 2800
 TAMPA FL 33602

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GILLETTE, THEODORE N	
STREET ADDRESS	7360 BRYAN DAIRY RD STE 200	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, RICHARD L	
STREET ADDRESS	7360 BRYAN DAIRY RD STE 200	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELCH, RICHARD T	
STREET ADDRESS	7360 BRYAN DAIRY RD STE 200	
CITY-ST-ZIP	LARGO FL 34647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted Gillette
 Ted Gillette 3/29/00

Date

Daytime Phone #

(727) 545-4300

CR2E034 (9/99)