

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90097 044 \*\*\*150.00

**DOCUMENT # P98000028067**

1. Entity Name

EYE CENTER OF NORTH FLORIDA, P.A.

Principal Place of Business

2500 HIGHWAY 77  
 PANAMA CITY FL 32405

Mailing Address

2500 HIGHWAY 77  
 PANAMA CITY FL 32405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2107690

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SLOAN, TIMOTHY J  
 427 MCKENZIE AVENUE  
 PANAMA CITY FL 32401

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 D ☒ Delete  
 NAME CORRY, JAMES E JR.O.D.  
 STREET ADDRESS 2500 HWY 77  
 CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ Change ☒ Addition  
 NAME Fisher, Bret.L  
 STREET ADDRESS 2500 Highway 77  
 CITY-ST-ZIP Panama City, FL 32405

TITLE D ☐ Delete  
 NAME AKER, ANTHONY L O.D.  
 STREET ADDRESS 2500 HWY 77  
 CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ Change ☒ Addition  
 NAME D. Mallary, John.J.  
 STREET ADDRESS 2500 Highway 77  
 CITY-ST-ZIP Panama City, FL 32405

TITLE D ☐ Delete  
 NAME EDINGER, DAVID J O.D.  
 STREET ADDRESS 2500 HWY 77  
 CITY-ST-ZIP PANAMA CITY FL 32405

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

TITLE D ☒ Delete  
 NAME BALCH, KYLE C M.D.  
 STREET ADDRESS 2500 HIGHWAY 77  
 CITY-ST-ZIP PANAMA CITY FL 32405

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

TITLE D ☐ Delete  
 NAME GONSHOR, LEE G M.D.  
 STREET ADDRESS 2500 HWY. 77  
 CITY-ST-ZIP PANAMA CITY FL 32405

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

TITLE D ☐ Delete  
 NAME JONES, MARK S OD  
 STREET ADDRESS 2500 HWY 77  
 CITY-ST-ZIP PANAMA CITY FL 32405

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:

*ANTHONY L. AKER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (850) 784-3937  
 Daytime Phone #

CR2E034 (9/01)