

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90706 040 ***150.00

DOCUMENT # P98000060766

1. Entity Name
TOTAL VISION CARE, P.A.

Principal Place of Business
**18610 N.W. 67TH AVE.
 MIAMI FL 33015**

Mailing Address
**18610 N.W. 67TH AVE.
 MIAMI FL 33015**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17401 NE 2nd Ave
 Suite, Apt. #, etc.

3. Mailing Address
17401 NE 2nd Ave
 Suite, Apt. #, etc.

City & State
ATLANTA GA

City & State
N. MB FL

Zip
33162

Country
USA

Zip
33162

Country
USA

4. FEI Number **65-0852258** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, DAVID A
 8181 W. BROWARD BLVD., STE. 204
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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	P TROTMAN, MICHELLE A OD 18610 NW 67 AVE MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michelle Trotman* **Michelle Trotman** **04/22/02** **(305) 652-2902**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

UCR/RE AV

CR2E034 (9/01)