

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 099000004219

1. Entity Name

DR RAFAEL O MOLLEGA JR & ASSOCIATE EYE CLINIC OF NW FL

Principal Place of Business

Mailing Address

12671 HIGHWAY 98 EAST
DESTIN, FL 32541108 BEAL PARKWAY, SOUTH
FORT WALTON BEACH FL
32548

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

59-3553942

Applied For

Not Applicable

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

SUSAN M. SURBER, P.A., CPA
108 BEAL PARKWAY, SOUTH
FORT WALTON BEACH, FL 32548

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

PRESIDENT

9/26/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
PRESIDENT
RAFAEL O. MOLLEGA
1180 FOREST SHORE DRIVE
DESTIN, FL 32541 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900004621859
-10/03/01--01059--014
*****150.00 *****150.00
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
B10/2
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

PRESIDENT

9/26/01

850-269-3937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Dr. Rafael O. Mollega, Jr. & Associates Eye Clinic of
Northwest Florida, P.A.
12671 Highway 98 East
Destin, FL 32541**

September 26, 2001

Division of Corporations
Corporate Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Re: 2001 Uniform Business Report

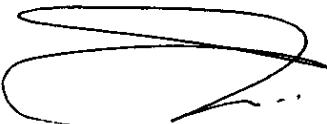
Please accept payment for the filing of this form, Uniform Business Report, for our corporation, Dr. Rafael O. Mollega, Jr. & Associates Eye Clinic of Northwest Florida, P.A. We ask that you remove all penalties on the late filing of this form. We did not receive the first or second forms due to the fact that they were mailed to the wrong address.

Thank you for your consideration in this matter. If you have any questions, please call us at (850) 269-

~~3837~~

3937

Sincerely,



Rafael O. Mollega
President

Enclosure