09/14/2000 11:32 8134435829 ALAN S GASSMAN

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
09-18-2000 90038 036 ***550.00

DOCUMENT # P99000031428

1. Entity Name

FLORIDA REFRACTIVE ASSOCIATES, P.A.

Principal Place of Business: 106 MASTERS LANE, SAFETY HARBOR, FL 34695

Mailing Address:

A0079215

2. Principal Place of Business — Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address — Suite, Apt. #, etc. / City & State / Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3567633 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALAN S. GASSMAN, P.A.
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756

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 / 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

Title	Name / Street Address / City-St-Zip	
P/V/S/D	PETER A. SHRIVER, D.O. 106 MASTERS LANE SAFETY HARBOR, FL 34695	[ ] Delete
		[ ] Delete
		[ ] Delete
		[ ] Delete
		[ ] Delete
		[ ] Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title	Name / Street Address / City-St-Zip	
		[ ] Change [ ] Addition
		[ ] Change [ ] Addition
		[ ] Change [ ] Addition
		[ ] Change [ ] Addition
		[ ] Change [ ] Addition
		[ ] 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: X [signature] 9-14-00 (813) 637 8102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #