

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P99000045847

Vision Health Care Group, Inc.

Principal Place of Business

Mailing Address

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90084 035 \*\*\*158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12601 Equestrian Circle

Suite, Apt. #, etc.

1107

City & State

Ft. Myers, FL

Zip

33907

Country

U.S.

3. Mailing Address

12601 Equestrian Circle

Suite, Apt. #, etc.

1107

City & State

Ft. Myers, FL

Zip

33907

Country

U.S.

4. FEI Number

65-0926976

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Cynthia Louise Bledsoe

12601 Equestrian Circle, #1107

Ft. Myers, FL 33907

7. Name and Address of New Registered Agent

Name

Cynthia Louise Bledsoe

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

12601 Equestrian Circle, #1107

City

Ft. Myers

FL

Zip Code

33907

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

Cynthia L. Bledsoe (Cynthia L. Bledsoe)

4-28-00

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

TITLE ☐ Delete

NAME Cynthia Louise Bledsoe

STREET ADDRESS 12601 Equestrian Circle, #1107

CITY-ST-ZIP Ft. Myers, FL 33907

TITLE ☐ Delete

NAME SEAN MITCHELL Bledsoe

STREET ADDRESS 12601 Equestrian Circle, #1107

CITY-ST-ZIP Ft. Myers, FL 33907

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (9/99)

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:

SEAN BLEDSOE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

941-274-8121

Daytime Phone #