

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045847

1. Entity Name
VISION HEALTH CARE GROUP, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90051 025 ***150.00

Principal Place of Business

12601 EQUESTRIAN CIR.
#1107
FT. MYERS FL 33907
US

Mailing Address

12601 EQUESTRIAN CIR.
#1107
FT. MYERS FL 33907
US

2. Principal Place of Business

28331 S. TAMiami TRAIL

3. Mailing Address

PO Box 1270

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

Zip

34134

Country

Lee

Zip

34133

Country

Lee



DO NOT WRITE IN THIS SPACE

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

BLEDSON, CYNTHIA LOUISE
12601 EQUESTRIAN CIR.
#1107
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name BLEDSON, CYNTHIA LOUISE

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

28331 S. TAMiami TRAIL

Suite 2

City BONITA SPRINGS

FL

Zip Code

34134

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. Bledson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/01

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME BLEDSON, CYNTHIA LOUISE
STREET ADDRESS 12601 EQUESTRIAN CIRCLE #1107
CITY-ST-ZIP FT. MYERS FL 33907 ☐ Delete

TITLE ST
NAME BLEDSON, SEAN MITCHELL
STREET ADDRESS 12601 EQUESTRIAN CIRCLE #1107
CITY-ST-ZIP FT. MYERS FL 33907 ☐ Delete

TITLE ~~SECRETARY~~
NAME ~~BLEDSON, SEAN MITCHELL~~
STREET ADDRESS ~~12601 EQUESTRIAN CIRCLE #1107~~
CITY-ST-ZIP ~~FT. MYERS FL 33907~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME BLEDSON, CYNTHIA LOUISE
STREET ADDRESS 28331 S. TAMiami TRAIL, SUITE 2
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE SECRETARY ☒ Change ☐ Addition
NAME BLEDSON, SEAN MITCHELL
STREET ADDRESS 28331 S. TAMiami TRAIL, SUITE 2
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE TREASURER ☐ Change ☒ Addition
NAME BLEDSON, ERIC TODD
STREET ADDRESS 28331 S. TAMiami TRAIL, SUITE 2
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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

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

TITLE
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: Cynthia L. Bledson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

CR2E034 (10/00)