

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90055 025 \*\*\*150.00

**DOCUMENT # P99000045847**

1. Entity Name  
**VISION HEALTH CARE GROUP, INC.**



Principal Place of Business  
**28331 S. TAMiami TRAIL  
SUITE 2  
BONITA SPRINGS FL 34134  
US**

Mailing Address  
**PO BOX 1270  
BONITA SPRINGS FL 34133  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0926976**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BLEDŖOE, CYNTHIA LOUISE  
28331 S. TAMiami TRAIL  
SUITE 2  
BONITA SPRINGS FL 34134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cynthia L. Bledsoe* *Cynthia L. Bledsoe P/c* *1-7-03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BLEDŖOE, CYNTHIA LOUISE</b>	
STREET ADDRESS	<b>28331 S. TAMiami TRAIL, SUITE 2</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BLEDŖOE, SEAN MITCHELL</b>	
STREET ADDRESS	<b>28331 S. TAMiami TRAIL, SUITE 2</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLEDŖOE, ERIC-TODD</b>	
STREET ADDRESS	<b>28331 S. TAMiami TRAIL, SUITE 2</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cynthia Louise Bledsoe</b>	
STREET ADDRESS	<b>28331 S. Tamiami Trail, Suite 2</b>	
CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
TITLE	<b>V/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEAN Mitchell Bledsoe</b>	
STREET ADDRESS	<b>28331 S. Tamiami Trail, Suite 2</b>	
CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JULIE E. Conrado M.D.</b>	
STREET ADDRESS	<b>28331 S. Tamiami Trail, Suite 2</b>	
CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Holly C. Hannon M.D.</b>	
STREET ADDRESS	<b>28331 S. Tamiami Trail, Suite 2</b>	
CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tim G. Ryan</b>	
STREET ADDRESS	<b>28331 S. Tamiami Trail, Suite 2</b>	
CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Elsa R. Conrado</b>	
STREET ADDRESS	<b>28331 S. Tamiami Trail, Suite 2</b>	
CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SEAN BLEDŖOE* *1-7-03* *239-466-2030*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)