

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90164 017 \*\*\*150.00

**DOCUMENT # P99000081080**

1. Entity Name  
**LASER EYE CENTER OF MIAMI, INC.**

Principal Place of Business

3737 S.W. 8TH STREET  
 SUITE 101  
 CORAL GABLES FL 33134

Mailing Address

3737 S.W. 8TH STREET  
 SUITE 101  
 CORAL GABLES FL 33134

2. Principal Place of Business

1661 SW 37 Ave  
 Suite, Apt. #, etc.

3. Mailing Address

1661 SW 37 Ave  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Miami, FL**

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**Miami, FL**

4. FEI Number **65-0387339**

Applied For  
 Not Applicable

Zip **33145** Country **USA**

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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KURSTIN, M. JOSEPH**  
 3737 S.W. 8TH STREET  
 SUITE 101  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **KURSTIN, M. Joseph**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1661 SW 37 Ave**  
 City **Miami** FL Zip Code **33145**

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 *Joseph Kurstin MD*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/12/02**

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, 2002 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	<input type="checkbox"/> Delete
P	<b>KURSTIN, JOSEPH MD</b>	<b>3737 SW 8 ST SUITE 101</b>	<b>CORAL GABLES FL 33134</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 persons empowered.

SIGNATURE: *Joseph Kurstin MD*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/12/02** (305) 461-2400  
 DATE DAYTIME PHONE #

CR2E034 (9/01)