2001 UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084898

1. Entity Name

A.K.S. SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
669 NINTH ST. NORTH NAPLES FL 34102	743 BENTWATER CIRCLE #201 PELICAN BAY NAPLES FL 34108

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE
09/10/01 90053 021 $50.00

4. FEI Number 65-1139231 ☐ Applied For ☐ Not Applicable

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
ZUCCARO, SHARON M ESQ. 3481 BONITA BAY BLVD. SUITE 221 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ [redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVP STANCIU, ALINA K 669 NINTH ST. NORTH NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STANCIU, ALINA K 669 NINTH ST. NORTH NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ 8-10-01

CR2E034 (10/00)

ADVANCED EYE CARE & LASER CENTER

Alina K. Stanciu, MD
Board Certified, American Board of Ophthamology
689 Ninth Street North, Naples, Florida 34102 Fax: (941) 262-6382 Phone: (941) 262-5883

11-28-01

[redacted]

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

REF: DOCUMENT #P99000084898

TO WHOM IT MAY CONCERN:

PLEASE REINSTATE CAMPANY A.K.S. SOUTHWEST FLORIDA,INC. I WOULD APPRECIATE IF THIS COULD BE DONE AS SOON AS POSSIBLE. PLEASE BE ADVISED THAT THE APPLICATION ALONG WITH THE CHECK WAS SENT WAS SENT AUGUST 10th,2001. MY FEDERAL TAX ID# is 65-1139231.

YOU WILL FIND ATTACHED A COPY OF THE ORIGINAL APPLICATION, CANCELLED CHECK, AND A W-9 FORM. PLEASE REFER FUTURE CORRESPONDENCE TO ALINA K. STANCIU, MD AT 689 Ninth Street North Naples,Fl. 34102. YOUR PROMPT ATTENTION TO THIS MATTER WILL BE GREATLY APPRECIATED.

[redacted]

SINCERELY,

ALINA K. STANCIU,MD