

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90009 021 ***150.00

DOCUMENT # P99000110544

1. Entity Name

CLEAR CHOICE LASER VISION INSTITUTE, P.A.

Principal Place of Business

Mailing Address

14727 CHOPINE PASS
 ROANOKE IN 46783

14727 CHOPINE PASS
 ROANOKE IN 46783

2. Principal Place of Business

3. Mailing Address

41 W. RALEY ST.
 Suite, Apt. #, etc.

41 W. RALEY ST.
 Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32806 USA

32806 USA

4. FEI Number

Applied For

35-2092857

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	JOSEPH F. FAUST, M.D.	41 W. RALEY ST.	ORLANDO, FL 32806		
TREASURER	JOSEPH F. FAUST, M.D.	41 W. RALEY ST.	ORLANDO, FL 32806		
SECRETARY	JOSEPH F. FAUST, M.D.	41 W. RALEY ST.	ORLANDO, FL 32806		
DIRECTOR	JOSEPH F. FAUST, M.D.	41 W. RALEY ST.	ORLANDO, FL 32806		

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
 Date

Daytime Phone #

CR2E034 (9/99)