2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V01341** 1. Entity Name PRESIDENTIAL EYE CENTER, P.A. Principal Place of Business Mailing Address 1501 PRESIDENTIAL WAY 1501 PRESIDENTIAL WAY

FILED Mar 24, 2000 8:00 am Secretary of State

03-24-2000 90099 023 ***150.00

SUITE 11 WEST PALM BEACH FL 33401			SUITE 11 WEST PALM BEACH FL 33401-1852				L 1980) BILBO PRODU NABO NON BILBO	era arah arah	Azāri dinil isti	I 8(9)} \&\$)	
2. Principal Place of Business			3. Mailing Address			-					
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS S	PACE		
City & State		<u></u>	City & State			4. F	65-0300221		_ 	olied For Applicable	
Zip Country			Zip	Country			Certificate of Status Desired		8.75 Addi ee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
					Name					-	
SPECTOR, STEVE S. 1501 PRESIDENTIAL WAY SUITE 11 WEST PALM BEACH FL 33401					Street Address (P.O. Box Number is Not Acceptable)						
					City	City FL Zip Code				,	
8. The above	named entity	submits this statement fo	r the purpose of chang	ing its register	ed office or re	gistered ag	ent, or both, in the State of Floi	rida.			
SIGNATURE _	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agent signature	required when re	instating)	DATE			
Tax filing re		ble to satisfy its Intangible nd elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fine Trust Fund Contribution			May Be to Fees	
11. OFFICERS AND D			DIRECTORS	RECTORS 12.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	IN 11	
TITLE	PD		Delete	τιτι	E				☐ Change	Addition	
NAME	SPECTOR	, steve s.		NAM	AE						
STREET ADDRESS		SIDENTIAL WAY		STR	EET ADDRESS						
CITY-ST-ZIP	WEST PAI	LM BEACH FL		CITY	/-ST-ZIP						
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NAME				NAJ	AE]					Ì	
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP						
13. I hereby o	certify that the	e information supplied with	this filing does not qua	alify for the ex	emption stated	in Section	119.07(3)(i), Florida Statutes. I legal effect as if made under c	further cert	ify that the in	nformation	

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 arachment with an address, with all other like empowered.

SIGNATURE: