FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Scoretary of State DIVISION OF CORPORATIONS

1996

OCUM Corporation N		34	(0)								
SYED MALIK M.D., P.A.											
Principal Place of	f Business	Mailing	Address					ul Bill Dibil		IQH QIQH QIQH 100	
% SYED MALIK 2501 N ORANGE AVE STE 213 SO 2501 N ORANGE AVE				STE 213 SO							
ORLANDO FL	32804	ORL	ORLANDO FL 32804			3. [Date Incorporated or Qualified 04/28/1981	1	3a. Date of Last Report 03/30/1995		
Principal Plac	e o' Business	2a. Mai	ing Address			4. 1	El Number			Applied For	
		26	A-1 6 -1-				59-2211388		\$8.7	Not Applicabl 5 Additional	
Suite, Apt #,	etc.	27 Sui	a. Apt. #, etc			5. (Certificate of Status Desired			e Required	
City & State			& State			6. 1	lection Campaign Financing			00 May Be	
		28	y ——————————————————————————————————				Frust Fund Contribution			led to Fees	
Zip	Country	Ζιρ 29		Country 30	′	1	Inis corporation has liability for lorida Statutes	r intangible s ∷∏No	tax under	\$ 199.032,	
	25 9. Name and Address of Curr					10. Name and Address of New Registered Agent					
				81	Name						
MALIK, SYED A., M.D.				82	Street Add	dress (P.C). Box Number is Not Accepta	ible)			
	ORANGE AVE										
	13 SOUTH			63							
ORLANDO FL 32804			84	City			F	85	Zip Code		
GNATURE	ignatura, typed or pinded havid of registros brij OFFICERS A	ND DIRECTOR	8	Tr. R. gebered Ajr 13.	ersipatus sepu		ADDITIONS/CHANGES TO OF	DATE FICERS A			
īLĒ	DP		☐ DELETE	1 1 TITLE					☐ Chang	e 🔲 Addition	
ME	MALIK, SYED			1.2 NAME							
REET ADDRESS	8786 LK TIBET COURT			1.4 Offy	T ADDRESS						
Y-ST-ZIP LE	ORLANDO FL DVP		[] DELETE	2 1 TITLE					Chang	e 🔲 Addition	
ME	MALIK, RAŽIA			2.2 NAME							
REET ADORESS	8786 LK TIBET CT			2 3 STREE	T ADDRESS						
Y - ST - Z1P	ORLANDO FL			2.4 CITY -	ST-7P						
LE			DELETE	3 1 11/1/1					☐ Chang	ge [] Addition	
ME				3.2 NAME							
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i					ET ADDRESS						
ITY CT NO				6.4 OITY	· S1 - 7/P						
certify that oath: that I	y certify that the information supplie the information indicated on this a lann an officer or director of the co Block 12 or Block 13 if changed,	on ial report or operation or th	-supplemental an e-receiver or truste	63 STRE 64 City nished and do nual report is t eo empowere: dress_	ST-ZIP			Florida Sta			

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR