

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90050 040 \*\*\*150.00

**DOCUMENT # P00000051235**

1. Entity Name  
**ACCUSIGHT, INC.**

Principal Place of Business      Mailing Address

**550 BILTMORE WAY**      **1200 BRICKELL AVE., SUITE 1720**  
**LOBBY 105**      **MIAMI FL 33131**  
**CORAL GABLES FL 33134**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-1015036**      Applied For  
 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**

**WALLACE, MILTON J**  
**1200 BRICKELL AVE., SUITE 1720**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

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)

**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	<b>CS</b> <b>WALLACE, MILTON</b> <b>1200 BRICKELL AVENUE, # 105</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCVP</b> <b>SHAPIRO, ARTHUR M.D. M.D.</b> <b>1200 BRICKELL AVENUE #105</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ZELMAN, JERRY M.D.</b> <b>550 BILTMORE WAY, LOBBY #105</b> <b>MIAMI FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TISCHLER, SAMUEL G</b> <b>1200 BRICKELL AVENUE, SUITE 1720</b> <b>MIAMI FL 33131</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Milton J. Wallace      Date: 2/12/02      Daytime Phone #: 305-444-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)