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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400035309 (1) 1. Corporation Name OCULOPLASTIC AND ORBITAL CONSULTANTS, P.A. Principal Place of Business Mailing Address							
2501 N FLAGLER DR WEST PALM BEACH FL 33407		2501 N FLAGLER DR WEST PALM BEACH FL 33407					
				 Date Incorporated or Qualif 05/09/1994 		e of Last F 3/21/19	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0486572		Applied For Not Applicable	
Suite, Apt. (#, etc.	Suite, Apt. #, etc.	7	5. Certificate of Status Desired	' 🗅	\$8.75	5 Additional
City & State	9	City & State	·	6. Election Campaign Financin			Required May Be
23 Zup	0	28		Trust Fund Contribution	<u> </u>	Adde	d to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability Florida Statutes	for intangible to Yes \tag No	ax under s	199.032
	9. Name and Address of Curre		30]	10. Name and Address of Na		Agent	
21701			81 Name				
	, MICHAEL Flagler Dr		82 Street Add	ress (P.O. Box Number is Not Acce	ptable)	<u>-</u>	
	PALM BEACH FL 33407		83	· · · · · · · · · · · · · · · · · · ·			
*****	ALM DESCRIPTION OF THE				<u></u>		
			84 City		FL	85 Z	p Code
	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo		ites, the above named corpo	ration submits this statement for the	purpose of cha	anging its r	registered office
TENTINGS VYIL	n, and accept the obligations of, Sei	ction 607.0505, Florida Statute	est by the corporation's boales.	ird of directors. I hereby accept the	appointment as	registered	oge in rem
SIGNATURE	Signature, typed or printed name of registered age	ction 607.0505, Florida Statute	KOTE: Registered Agent signature require	and of directors. I hereby accept the	DAIL		
SIGNATURE 12.	Signature, typed or printed name of registered age	ent and title Lappicable (A ND DIRECTORS	IS. KOTE Registrated Agrent signature respons	ird of directors. I hereby accept the	DATE OFFICERS AND	DIREGIC	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS A	ction 607.0505, Florida Statute	KOFF Registrated Agent stip where response 13. 1.1 THEF	and of directors. I hereby accept the	DATE OFFICERS AND		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR	Int and the Lapplicable (N ND DIFFECTORS DELETE	IS. KOTE Registrated Agrent signature respons	and of directors. I hereby accept the	DATE OFFICERS AND	DIREGIC	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered ago OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH FL 334	Intend the Lappicate (N ND DIFFECTORS DELETE	KOTE: Flugishied Agent signature respire. 13. 1.1 TITLE 1.2 NAME	and of directors. I hereby accept the	DATE OFFICERS AND	DIREGIC	DRS IN 12
SIGNATURE	Signature, lyped or printed name of registered ago OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH FL 334 DVS	Int and the Lapplicable (N ND DIFFECTORS DELETE	KOTE - Registrated Agont sky with the response 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	and of directors. I hereby accept the	DATE OFFICERS AND	DIREGIC	DRS IN 12
SIGNATURE	Signature. Typed or printed name of registered age OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH FL 334 DVS PATIPA, BONNIE	Intend the Lappicate (N ND DIFFECTORS DELETE	ACTF - Registered Agent Signalize respire. 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	and of directors. I hereby accept the	DATE OFFICERS AND	DIRECTO Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-Z-P TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	A07	ACTE - Registered Agent Signature respire 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS	and of directors. I hereby accept the	DATE OFFICERS AND	DIRECTO Change	DRS IN 12
SIGNATURE	Signature. Typed or printed name of registered age OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH FL 334 DVS PATIPA, BONNIE	A07	ACTE - Programmed Agent Supular or response 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	and of directors. I hereby accept the	OFFICERS AND	DIRECTO Change	DES IN 12 Addition Addition
SIGNATURE 112. TITLE NAME STREET ADDRESS COTY-ST-Z-P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	A07	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 Title 3 TITLE 3 TITLE 3 TITLE 3 TITLE 3 TITLE 3 TITLE	and of directors. I hereby accept the	OFFICERS AND	DIRECTO Change	DRS IN 12
SIGNATURE _ 112. TITLE NAME STREET ADDRESS CITY-ST-Z.P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	A07	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST- ZIP 3.1 TITLE 3.2 NAME	and of directors. I hereby accept the	OFFICERS AND	DIRECTO Change	OFFS IN 12 Addition Addition
SIGNATURE _ 112. 111.E NAME SIRELI ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	A07	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.5 NAME 3.5 NAME 3.5 STREET ADDRESS	and of directors. I hereby accept the	OFFICERS AND	DIRECTO Change	OFFS IN 12 Addition Addition
SIGNATURE _ 112. TITLE NAME STREET ADDRESS CITY-SI-Z.P TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	A07	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST- ZIP 3.1 TITLE 3.2 NAME	and of directors. I hereby accept the	OFFICERS AND	DIRECTO Change	OFFS IN 12 Addition Addition
SIGNATURE _ 112. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	#ND DIFFECTORS DELETE #07 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP	and of directors. I hereby accept the	OFFICERS AND	DIRECTO Change Change Change	DRS IN 12 Addition Addition
SIGNATURE _ 112. TITLE NAME SIRELT ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME SIRELT ADDRESS SIRELT ADDRESS SIRELT ADDRESS SIRELT ADDRESS SIRELT ADDRESS	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	#ND DIFFECTORS DELETE #07 DELETE	ACTE - Registrated Agent Signature respired 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST- ZIP 3.7 TITLE 3.7 NAME 3.3 STREET ADDRESS 3.4 CITY-ST- ZIP 4.1 TITLE	and of directors. I hereby accept the	OFFICERS AND	DIRECTO Change Change Change	DRS IN 12 Addition Addition
SIGNATURE _ 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	### ### ##############################	ACTE - Registrated Agent Signature response 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.7 TITLE 3.7 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	and of directors. I hereby accept the	OFFICERS AND	DIRECTO Change Change Change	DRS IN 12 Addition Addition
SIGNATURE _ 112. TITLE NAME SIRELI ADDRESS CITY-SI-ZIP TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME SIREEL ADDRESS CITY-SI-ZIP TITLE	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	#ND DIFFECTORS DELETE #07 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CHY-ST-ZIP 5.1 TITLE 5.1 NAME 5.1 STREET ADDRESS 5.1 NILE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE	and of directors. I hereby accept the	DATE OFFICERS AND	DIRECTO Change Change Change	DRS IN 12 Addition Addition
SIGNATURE _ 112. TITLE NAME SIRELT ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	### ### ##############################	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME	and of directors. I hereby accept the	DATE OFFICERS AND	D DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-Z-P TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	### ### ##############################	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 2.3 STREEL ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS	and of directors. I hereby accept the	DATE OFFICERS AND	D DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE _ 112. TITLE NAME SIRELT ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	### DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP	and of directors. I hereby accept the	DANE OFFICERS AND	Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-Z-P TITLE NAME STREET ADDRESS CITY-ST-Z-P TITLE NAME STREET ADDRESS CITY-SI-Z-P TITLE	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	### ### ##############################	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE	and of directors. I hereby accept the	DANE OFFICERS AND	D DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	### DELETE DELETE DELETE	13. 1.1 Title 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREEL ADDRESS 3.4 CITY-ST-ZIP 4. TITLE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	and of directors. I hereby accept the	DANE OFFICERS AND	Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition
SIGNATURE	Signature, typed or printed name of registered agn OFFICERS AI DPT PATIPA, MICHAEL 2501 N FLAGLER DR WEST PALM BEACH F£ 334 DVS PATIPA, BONNIE 2501 N FLAGLER DR	### DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREEL ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE	and of directors. I hereby accept the	DANE OFFICERS AND	Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition

3/15/96 (407) 832-1448 SIGNATURE: SIGNATURE AND TYPED OR PRINTING

Daytime Prione #