

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 24 AM 11:16

DOCUMENT # **V19958** (0)  
1. Corporation Name  
**MED-VISION TECHNOLOGIES INCORPORATED**

Principal Place of Business Mailing Address  
**881 OCEAN DR** **881 OCEAN DR**  
**APT 14C** **APT 14C**  
**KEY BISCAYNE FL 33149** **KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/05/1992** 3a. Date of Last Report **02/22/1994**

4. FEI Number **65-0316127** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

21. Principal Place of Business		26. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
Country		Country	
24.	25.	29.	30.

9. Name and Address of Current Registered Agent  
**EISENBERG, EML**  
**881 OCEAN DR**  
**APT 14C**  
**KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>USHMAN, WAYNE M.</b>
STREET ADDRESS	<b>2 RODMAN RD</b>
CITY-ST-ZIP	<b>WEBSTER MA</b>
TITLE	<b>STD</b>
NAME	<b>EISENBERG, EML</b>
STREET ADDRESS	<b>881 OCEAN DRIVE, APR 14C</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>
TITLE	<b>D</b>
NAME	<b>DIAMANT, GREGORY</b>
STREET ADDRESS	<b>178 EAST 80TH ST., APT 5A</b>
CITY-ST-ZIP	<b>NEW YORK FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<b>01570</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<b>33149</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<b>10021</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wayne M. Ushman* **WAYNE M. USHMAN** 2/16/95 508-943-0083  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR **PRESIDENT**