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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION				
OCU Corporation	MENT # 39836	5 (7)				
	OAST SURGICAL SUPPLY,	Mailing Address 4419 NORTH GRADY AVENUE TAMPA FL 33614				
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1419 NORTH TAMPA FL 33	GRADY AVENUE 3614					
<u> </u>				3. Date Incorporated or Qualified 03/29/1972	3a. Date of Last Report 04/25/1995	
. Principat Pl 	Place of Business	2a. Mailing Address		4. FEI Number	Applied F	
Suite, Apt.	. #, etc	Suite, Apt. #, etc.		59-1387498	Not Appli	
l		27		5. Certificate of Status Desired	Fee Required	
City & State	le	City & State		6. Election Campaign Financing	\$5.00 May B	
Ι Ζφ	Country	28 Z _I p	Country	Trust Fund Contribution	Added to Fees	
	25	29	30	8. This corporation has liability for Florida Statutes X Yes	intangible tax under s. 199,032 s	
	9. Name and Address of Curre			10. Name and Address of New I		
5141 BA	· = - · · · · ·		81 Name	-		
DIAL, RO			82 Street	Address (P.O. Box Number is Not Acceptal	ble)	
TAMPA F	EPWATER LANE		83			
IVINITA	FL 330 15		<u></u>			
			84 City		85 Zip Code	
I. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes the above samed or	orporation submits this statement for the pu	<u> FL </u>	
	to the provisions of Sections 607.050 red agent, or both, in the State of Flor rth, and accept the obligations of, Soc		tutes, the above-named co	orporation submits this statement for the pu board of directors. I hereby accept the app	<u> FL </u>	
familiär wit GNATURE	th, and accept the obligations of, Sec	ction 607.0505, Florida Statu	tutes, the above-named corrized by the corporation's tes.	board of directors. I hereby accept the app	rpose of changing its registered sointment as registered agent. I a	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBBY W. DIAL, PRESIDENT

3-12-96

813-870-0065 Daytime Phone #