SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUIVIEN I Corporation Name	ŦŦ	605094

DRS. ROBERTS & CARVELL, P.A.

Principal Place of Business Mailing Address 8102 BLANDING BLVD. .. 8102 BLANDING BLVD.

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90010 027 ***550.00



JACKSUNVILLE	FL 32244	JACKSONVILLE PL 32244			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						04/01/1974	i	
2. Principal P	incipal Place of Business 2a. Mailing Address					4, FEI Number Ap	oplied For	
21		26				59-1515138	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75		
22		27				Fee Re	aquired	
City & State		City & State		-	6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added	to Fees	
Žip	Country	Zip		untry		8. This corporation owes the current year	7	
24	25	29	30			Intangible Personal Property. Yes	_ No	1
	9. Name and Address of Current	Registered Agent	·······	- 041		10. Name and Address of New Registered Agent		ł
DOD	ERTS (DR. B.W.)	•		81	Name	•		
l	BLANDING BLVD.			82	Street A	Address (P.O. Box Number is Not Acceptable)		1
	(SONVILLE FL 32244					W W		-
JACI	ASOMVILLE PL 32244			83				
	·			84	City	85 Zip 0	Code	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statut	tes, the a	bove-r	named co	orporation submits this statement for the purpose of changing its re	gistered	İ
office or a	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was tions of, section 607.0505, F	autnorize Iorida Sta	ea by : atutes.	ine corpo	oration's board of directors. I hereby accept the appointment as re-	gistered	l
SIGNATURE	يلاد بالارتباط	,						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (F	NOTE: Regis	tered Ag	ent signature	e required when reinstating) DATE		16
12.	OFFICERS AND	D DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO)R\$ IN 12	7,000
TITLE	PD	DELETE	1.1 1	TITLE		Change	Addition	1 -
NAME	ROBERTS (DR. B.W.)		1.2 1	MAME	-			P2F034
STREET ADDRESS	8102 BLANDING BLVD.		1.3 8	TREET /	ADDRESS			16
CITY-ST-ZIP	JACKSONVILLE FL		1.4 (CITY-ST-	ZIP			6
TITLE	T	DELETE	2.1 7	TITLE		Change	Addition	-
NAME	ROBERTS, DR B W		2.2 1	NAME				
STREET ADDRESS	8102 BLANDING BLVD.		2.3 9	STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 0	CITY-ST-	ZIP			
TITLE	S	DELETE	3.17	TITLE		Change	Addition	
NAME	≈ROBERTS; LYDIA J	د في پيسوند	. 3.2	MAME		and the same and t	بر است. براست بو دم _{است}	-
STREET ADDRESS	8102 BLANDING BLVD.		3.3 9	TREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4 0	CITY-ST-	ZIP			
TITLE		DELETE	4.1 1	TITLE		Change	Addition	
NAME			4.2	NAME	İ			
STREET ADDRESS			4.3 9	TREET /	ADDRESS		!	
CITY-ST-ZIP			4.4 (CITY-ST-	ZIP		ļ	\
TITLE		DELETE	5.1 1	TITLE		Change	Addition	
NAME			5.2	VAME				
STREET ADDRESS	, reason o traine to the consequence by one of the consequence to	an e angua manggalahin Mangara makanggalahin di k	5.3 9	TREET	ADDRESS .	and the standard of the continuous of a standard of the second of the se	and built replay to	
CITY-ST-ZIP		NAME OF TAXABLE	540	STATES	ZIP (M. A)		是思想这	
TITLE		DELETE A				Changer	Addition	1
NAME	. 所以	- North State (State of Feet 1997)		NAME	*** **********************************	an kannara kana yang di dapan-kanda di kadamanan di digangan at di dapan kanda kanda kanda kanda di dapan an a An kannara kana kana di dapan-kanda di kadaman di digangan at di dapan at di dapan di dapan di dapan an ana da],,,
STREET ADDRESS					ADDRESS			
				••				
CITY-ST-ZIP	att. At A the Learnestian arms to decide	Note Allies and an analysis of the	# 6.4 C	CITY-ST-	All'	conting 110 07/2/// Elevide Statutes I further certify that the infor	mation	┨

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

[Go y]

[GNATURE: SIGNATURE: The Research of the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the same legal effect as if made under cart; 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 12 or Block 13 if changed, or on an attachment with an address.

[Go y]

SIGNATURE: