

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 768676 (9)
1. Corporation Name
OPHTHALMIC MICROSURGERY STUDY GROUP, INC.



Principal Place of Business Mailing Address
1013 SW 2ND AVENUE 1013 SW 2ND AVENUE
GAINESVILLE FL 32601 GAINESVILLE FL 32601

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/31/1983	02/27/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2324226	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

POLACK, FRANK M., M.D.
1013 SW 2ND AVENUE
GAINESVILLE FL 32601

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD, DONALD E, JR, MD	1.2 NAME	
STREET ADDRESS	R.D. #1, BOX 234	1.3 STREET ADDRESS	
CITY - ST - ZIP	PHILLIPSBURG NJ	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLACK, FRANK M., M.D.	2.2 NAME	
STREET ADDRESS	1013 SW 2ND AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNIECE, MARIA T.	3.2 NAME	
STREET ADDRESS	1013 S.W. 2ND AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)