FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	FILED
Jul 24	1998 8:00am
Secr	etary of State

ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS				DNS		Secretar	y of S	tate		
[] 1.	OCU Corporatio	MENT In Name	# F950	000004102	(8)		•	٠	4				
	MINSE	R VC O, I	NC.										
Principal Place of Business Mailing Address													
	200 F	IRST ST	REET SW	I	200 F	IRST STE	REET	SW					
	ROCHES	STER, M	N 55905	5	ROCHE	STER, M	559	05			DO NOT WRITE IN	THI S S PACE	
											3. Date Incorporated or Qualified 08/24/1995		
2.	Principal P	la ce of Busin	noss		2a, Mailing	Address					4. FEI Number		oplied For
21	·				26						41-1346366	— 	ot Applicable
22	Suite, Apt.	#, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired	,	Additional equired
22	City & Stat	e		-	27 City &	State					6. Election Campaign Financing		May Be
23			F		28						Trust Fund Contribution		may Be to Fees
	Zip		Country	+	Zip		\vdash	untry			8. This corporation owes or has paid th		- ·
24		9 Name	25 and Addres	s of Current Re	29 poistered A	gent	30	1			Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.		_l No
								81	Name	•			-,
		I, JOAN						82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
			LO ROAD								(i i i i i i i i i i i i i i i i i i i		
	JACKSO	NVILLE	, FL 3	2224				63					
		i						B4	City			FL 85 Zip	Code
11	, Pursuant	to the provis	ions of Section	ons 607.0502 ar	nd 607.1508	, Florida Statut	es, the a	bove	-name	d corpor	ration submits this statement for the purpo	ose of changing it	s registered
	office or r	re gist ered ag	gent, or both,	in the State of F pt the obligation	lorida. Sucl	h change was :	authorize	d by	the cor	rporatio	n's board of directors. I hereby accept the	e appointment as	registered
SIG	GNATURE												
12		Signature, typed		of registered agont an FICERS AND D		ile (NOT	E Registere	d Age	nt signatur	re required	when reinstating) D. ADDITIONS/CHANGES TO OFFICERS	AND DIDECTOR	OC (N. 10
TITI		PC		TIOCHS AND D	THE CIONS	X DELETE	1.1]	TLE		PC	ADDITIONS/CHANGES TO OFFICERS	X Change	Addition
NAJ			JIVAN. N	MICHAEL E	8 M.D.		1,2 N			I -	RETT, DAVID M. M.D.	_	
STA	REET ADDRESS	aaa					1.3 \$1				FIRST STREET SW		
cit	Y-ST-ZIP	ROCHES	STER, M	N 55905			1.4 C	1.4 CITY-ST-ZIP RO			HESTER, MN 55905		
TITE	LE	VVC				DELETE	2.1 Ti	1LE				☐ Change	☐ Addition
NAN	1	MCDONALD, THOMAS J M.D.											
	EET ADDRESS		RST ST						ADDRESS				
TITE	Y-ST-ZIP LE	SD SD	TER, M	1 33903		DELETE	3.1 11	TLE	1 - ZIP	 		Change	Addition
NAN	ME		JONAT	THAN			3.2 N	AME					
STR	EET ADDRESS		RST ST				3.3 S	TREET	ADDRESS				
cin	Y-ST-ZIP	ROCHES	TER, M	1 55905			3 4. 0	ITY-S	1-71P	<u> </u>			
TAL		TD				DELETE	4.1 Ti					Change	☐ Addition
NAK			DAVID F				4.21						
	eet address Y-St-Zip		RST STE					IREET . ITY-ST	ADDRESS				
TITL		LROCHES DAT	TER, M	N		DELETE	5.1 TI		- CIF	 		☐ Change	Addition
NAN	1		N, HARE	RY			5.2 N						===
STR	EET ADDRESS		RST STR				5.3 S	TREET A	address				
	r-ST-21P	ROCHES	TER, MN	55905		r-1	_	TY-ST	- ZIP	ļ			
TITL	1					DELETE	6.1 Ti				700002599	☐ Change	Addition
NAM	- 1	•					6.2 N		4000500		-07/27/9801107-	_UV3, し	لملاله
	EET ADDRESS (-S1-ZIP							IKEE 1 /	ADDRESS - 7IP		***558.75	~~·	[N

14. Thereby cortify 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 an another of 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 13 if chapter, or on an attachment with an address.