

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # F96000000983 (4)

1. Corporation Name

REFRACTIVE CENTERS INTERNATIONAL, INC.

Principal Place of Business

21 HICKORY DRIVE
WALTHAM MA 02154

Mailing Address

21 HICKORY DRIVE
WALTHAM MA 02154-1011

3. Date Incorporated or Qualified

02/27/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

04-3182067

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--------|
| TITLE | P | DELETE |
| NAME | MULLER, DAVID | |
| STREET ADDRESS | 87 CHESTNUT STREET | |
| CITY-ST-ZIP | BOSTON MA 02108 | |
| TITLE | T | DELETE |
| NAME | BHATT, RAJIV | |
| STREET ADDRESS | 80 PARK ST. PENTHOUSE | |
| CITY-ST-ZIP | BROOKLINE MA 02146 | |
| TITLE | S | DELETE |
| NAME | LITMAN, PETER | |
| STREET ADDRESS | 2 ARLINGTON ROAD | |
| CITY-ST-ZIP | WELLESLEY MA 02181 | |
| TITLE | V | DELETE |
| NAME | APPEGATE, DAVID | |
| STREET ADDRESS | 6 EDGERLY PLACE #402 | |
| CITY-ST-ZIP | BOSTON MA 02116 | |
| TITLE | V | DELETE |
| NAME | GARCIA, BRUCE | |
| STREET ADDRESS | 106 OLD GARRISON ROAD | |
| CITY-ST-ZIP | SUDBURY MA 01776 | |
| TITLE | V | DELETE |
| NAME | HERSKOWITZ, RONALD | |
| STREET ADDRESS | 712 GREAT POND ROAD | |
| CITY-ST-ZIP | NORTH ANDOVER MA 01845 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|-------------------------------|--------|----------|
| 1.1 TITLE | P | Change | Addition |
| 1.2 NAME | P. VERNE SHARMA | | |
| 1.3 STREET ADDRESS | 54 AMANDA RD. | | |
| 1.4 CITY-ST-ZIP | SUDBURY, MA 01776 | | |
| 2.1 TITLE | CHIEF EXEC OFFICER / DIRECTOR | Change | Addition |
| 2.2 NAME | ROBERT PALMISANO | | |
| 2.3 STREET ADDRESS | 21 HICKORY DR. | | |
| 2.4 CITY-ST-ZIP | WALTHAM, MA 02154 | | |
| 3.1 TITLE | | Change | Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | Change | Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | Change | Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

(617) 890-1234

Date

Daytime Phone # 0000385

CR2E034 (9/96)