

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Refractive Centers Int'l Suite, Apt. #, etc. 7840 Montgomery Rd City & State Cincinnati OH Zip 45236 Country USA		29. Mailing Address 7840 Montgomery Rd Suite, Apt. #, etc. Cincinnati OH Zip 45236 Country USA		3. Date Incorporated or Qualified 02/27/1996	
23. Certificate of Status Desired <input type="checkbox"/>		24. FEI Number 04-3182067		Applied For <input type="checkbox"/> Not Applicable	
25. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		26. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		27. \$8.75 Additional Fee Required	
28. \$5.00 May Be Added to Fees		29. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		30. Name and Address of New Registered Agent	

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHARMA, VERNE 54 AMANDA RD SUDBURY MA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Dr. Stephen N. Joffe 7840 Montgomery Rd Cincinnati OH 45236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BHATT, RAJIV 80 PARK ST. PENTHOUSE BROOKLINE MA 02146	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	S/T Mrs. Sandra F. Joffe 7840 Montgomery Rd. Cincinnati OH 45236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LITMAN, PETER 2 ARLINGTON ROAD WELLESLEY MA 02181	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	CFO Larry Rapp 7840 Montgomery Rd Cincinnati OH 45236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO PALMISAND, ROBERT 21 HICKORY DR WALTHAM MA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERSKOWITZ, RONALD 712 GREAT POND ROAD NORTH ANDOVER MA 01845	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. 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.

SIGNATURE: *[Signature]* 4/16/98 513-792-9292

CR2E034 (10/97)