2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
02-09-2001 90204 016 ***150.00

DOCUMENT # K39350

1. Entity Name
OCUCARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
100 SOUTH PINE ISLAND ROAD 140 PLANTATION FL 33324 US	100 SOUTH PINE ISLAND ROAD 140 PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9040 W. ST. RD 84	9040 W. S.R. 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE FL	City & State: FT. LAUDERDALE FL
Zip: 33324 Country: US	Zip: 33324 Country: US

4. FEI Number 65-0094759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOHN R.
100 S. PINE ISLAND ROAD
STE 140
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: DAVIS, JOHN R
Street Address (P.O. Box Number is Not Acceptable): 9040 W. State RD 84
City: FT. LAUDERDALE **FL** Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 1/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIS, JOHN R 100 S. PINE ISLAND RD 3140 PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9040 W. S.R. 84 FT. LAUDERDALE FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, DANIEL T 350 MAIN STREET - STE 14 MALDEN MA 02148	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. / DIRECTOR GREG. STEAD 9040 W. S.R. 84 FT. LAUD FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/31/01 954 475-0636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #