

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39350

Entity Name: OCUCARE SYSTEMS, INC.

FILED
Sep 30, 2004
Secretary of State

Current Principal Place of Business:

9040 W ST RD 84
FT LAUDERDALE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

9040 W ST RD 84
FT LAUDERDALE, FL 33324 US

New Mailing Address:

FEI Number: 65-0094759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JOHN R.
9040 W ST RD 84
FT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: ANNE BOUTILIER

09/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, JOHN R
Address: 9040 W SR 84
City-St-Zip: FT LAUDERDALE, FL 33324

Title: VD () Delete
Name: STEAD, GREG
Address: 9040 W SR 84
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALLS, CHRISTOPHER J
Address: 87 GRANDVIEW AVENUE
City-St-Zip: WATERBURY, CT 06708

Title: TD (X) Change () Addition
Name: BLASKIEWICZ, WILLIAM A
Address: 87 GRANDVIEW AVENUE
City-St-Zip: WATERBURY, CT 06708

Title: SD () Change (X) Addition
Name: HARROLD, JASON M
Address: 112 ZEBULON COURT
City-St-Zip: ROCKY MOUNT, NC 27804

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. BLASKIEWICZ

TD

09/30/2004

Electronic Signature of Signing Officer or Director

Date