FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		DIVIS	SION OF CORPOR	ate RATIONS			
OCUN Corporation	MENT #	M62916	3	(5)				
,		OPHTHALMOLO	gy system	S, INC.				
icipal Place	of Business		Mailing Address					HI OLUH OLOH DIBU H
6 ALAN MENDELSOHN. MD 1740 HOLLYWOOD BLVD. IOLLYWOOD FL 33020			% ALAN MENDELSO II N. MD 2740 HOLLYWOOD BLVD. HOLLYWOOD FL 33020					
						3. Date Incorporated or Qualified 11/24/1987	3a. Date of La 04/1	ast Report 9/1995
hincipa Fla	ace of Business)	2a. Mailing Addr	ess		4. FEI Number		Applied For
uite, Apt #	#, etc.	2	Suite, Apt. #,	etc.		65-0033664	<u>\$</u>	Not Applicate 3.75 Additional
		2	17			5. Certificate of Status Desired		Fee Required
ity & State	,	2	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
tı –	Cou	intry	Zipi	⊢	untry	8. This corporation has liability or	intangible tax und	
	25 9. Name and Ad-	2 dress of Current Re	gistered Agent	30	1	Florida Statutes Yes		ŧ
					81 Name			<u> </u>
	ELSOHN, ALAN D. IOLLYWOOD BLVD				82 Street Add	iress (P.O. Box Number is Not Acceptal	ble)	
	WOOD FL 33020) .			83			
					84 City		85	Zip Code
					[] () ()		- FL	
or registere famil ar witi NATURE	ed agent, or both, in t h, and accept the ob	the State of Floridal Si ligations of, Section 6	uch change was a 07.0505, Florida 8	authorized by the	ove-named corpo corporation's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing pointment as regis	its registered of tered agent. I am
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SIGNATURE: Clay & Meulels & SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/8/96