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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| L | 1 | 996 | | | / | DIVISION OF CORPORATIONS | | | | | | | | | | |
|---|---|--|--------------|---|----------------|--------------------------|-------------|--------------------|---------|-----------------|------------|--|---|-----------------|---------------|-------------------------------|
| [| OCUN Corporation | 1ENT Name | # | M7627 | 2 | (7 | 7) | | | | | | | | | |
| | JERRY | P. WILD | MAN, | DDS., P.A. | | | | | | | | 4 4 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | UC11 3886 | E (181 B) 811 G | | . A.A., A.A., .B.C. |
| | | | | | | | | | | | | | | | | |
| Pr | Principal Place of Business Mailing Address | | | | | | | | | | | | | | | |
| 1130 PINEHURST | | | | | 1130 PINEHURST | | | | | | | | | | | |
| | SUITE C DUNEDIN FL | 94698 | | | Đ | UNEDIN FL 346 | 98 | | | | 1 | | | | | |
| | US | | | | | | | | | | 04/13/1988 | are and the continue of the co | | | | |
| | , Principal Plai | ce of Busin | ess | | 2a. 26 | Mailing Address | i | | | | | 4. FEI Number 59-2892846 | | | ├ | Applied For Not Applicable |
| 21 | Suite, Apt. # | , etc. | | | | Suite, Apt. #, e! | tc. | | | | | 5. Certificate of Status Des | irod | | | Additional |
| 22 | | | | | 27 | Suite | ے : | • | ••••• | | | b, Certificate of Status Des | sired | <u></u> | | Required |
| 23 | City & State | | | | 2.8 | City & State | | | | | | Election Campaign Fina Trust Fund Contribution | | | | May Be |
| 23 | Zip | | Cou | ntry | | Zip | | Coun | try | | | 8. This corporation has liab | | intangible | | |
| 24 | | · <u>. · · · · · · · · · · · · · · · ·</u> | 25 | | 29 | | 3 | 30 | | | | | | □No | | |
| ļ | | 9, Name | and Ad | dress of Current | Registe | ered Agent | | | 31 | Name | | 10. Name and Address o | New F | Registere | d Agent | |
| | WII DMAI | N JERRY | P nos | PS. | | | | | \perp | | | (D.O. Doy N. separa in Not A | | -la\ | | |
| WILDMAN, JERRY P DDS PS 1130 PINEHURST ROAD SUITE C | | | | | | | | | 32 | Street Ad | ores | (P.O. Box Number is Not A | cceptar | жы | | |
| | | | | | | | | 3 | | | | | | | | |
| | DUNEDII | N FL 3469 | 98 | | | | | j | 4 | City | | | *************************************** | | 85 Z | p Code |
| 1. | 1. Pursuant to | the provis | ions of S | ections 607.0502 | and 607 | .1508. Florida 9 | Statutes. | the ah | L | amed corp | oratio | on submits this statement for | the ou | roose of c | hanging its | registered office |
| Ĭ | or registere | id agent, or | both, in | the State of Florida ligations of, Section | a. Such | change was au | thorized t | by the | 00 | ration's bo | oard o | of directors. I hereby accept | the app | ointment : | as registered | dagent. I am |
| s | IGNATURE. | | • | | | | | | | | | | | | | |
| - | 2 . | Signature, typed | or printed o | orne of registered agent a OFFICERS AND | | | (NOTE | Ficgistere 13. | ent: | signature requi | ired w | en reinstating) ADDITIONS/CHANGES | TO OFF | DATE | ND DIRECTO | DES IN 12 |
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| 1 | TREET ADDRESS | | | | | | | | | ADDRESS | | | | | | |
| 1 | ITY-ST-ZIP 4. I do hereb | y certify tha | t the info | rmation supplied v | ith this | filing is voluntar | ily furnish | 640fl led and c | | | y for | the exemption stated in Sec | tion 119 | 9.07(3)(k), i | Florida Statu | ites. I further |

root initially defining that the information mapping with this limit is voluntarily turnished and does not quality for the exemption stated in Section 1.19.07(3)(s), 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 eath, that I am an officer or director of the corporation or the receiver or trusted employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or chapted, or open appears with an applicable.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 7336282 Daytime Prone #