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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:07

DOCUMENT # **N20426** **(5)**

1. Corporation Name

OPHTHALMIC PRESS AND TV INFORMATION CENTER FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	%CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324

3. Date Incorporated or Qualified: **05/01/1987**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-2820011** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT. CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MILLS, RICHARD P MD	12 NAME	
STREET ADDRESS	3376-46TH AVE NE	13 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FINKELSTEIN, ELLIOT M MD	22 NAME	
STREET ADDRESS	138 ALBION RD	23 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	REDMOND, MICHAEL R MD	32 NAME	
STREET ADDRESS	7209 BAYSHORE DR	33 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	NOONAN, DAVID J	42 NAME	
STREET ADDRESS	655 BEACH ST	43 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	44 CITY-ST-ZIP	
TITLE	STD	51 TITLE	☐ Change ☐ Addition
NAME	HOSKINS, H D MD	52 NAME	
STREET ADDRESS	1 TARA VIEW RD	53 STREET ADDRESS	
CITY-ST-ZIP	TIBURON CA	54 CITY-ST-ZIP	
TITLE	ATD	61 TITLE	☐ Change ☐ Addition
NAME	MCKINNEY, JOHN S	62 NAME	
STREET ADDRESS	655 BEACH ST	63 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John S. McKinney John S. McKinney, ATD 3/28/95 (415)561-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010478