

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N20426 (5)

1. Corporation Name

OPHTHALMIC PRESS AND TV INFORMATION CENTER FOUNDATION, INC.



Principal Place of Business

Mailing Address

**%CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

3. Date Incorporated or Qualified
05/01/1987

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2820011

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director if applicable

(NOTE: Registered Agent Signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MILLS, RICHARD P MD
3376-46TH AVE NE
SEATTLE WA** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
FINKELSTEIN, ELLIOT M MD
138 ALBION RD
WELLESLEY MA** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
REDMOND, MICHAEL R MD
7209 BAYSHORE DR
MILTON FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
NOONAN, DAVID J
655 BEACH ST
SAN FRANCISCO CA** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
HOSKINS, H D MD
1 TARA VIEW RD
TIBURON CA** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ATD
MCKINNEY, JOHN S
655 BEACH ST
SAN FRANCISCO CA** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

DATE

415/561-8500

DAYTIME PHONE #

CR2E037 (12/95)