


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P37132 (8) 1. Corporation Name UNITED VISION GROUP, INC.			
Principal Place of Business 2424 N. FEDERAL HIGHWAY SUITE 362 BOCA RATON FL 33431 US		Mailing Address 2424 N FEDERAL HIGHWAY SUITE 362 BOCA RATON FL 33431-7749 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 01/14/1992		3a. Date of Last Report 06/18/1996	
4. FEI Number 65-0257498		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent DILLON, KATHRYN 2424 NORTH FEDERAL HIGHWAY SUITE 362 BOCA RATON FL 33431		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DCP <input checked="" type="checkbox"/> DELETE		
NAME	KAPLAN, JAN		
STREET ADDRESS	6500 NW 15 AVE.		
CITY-ST-ZIP	FT. LAUDERDALE FL		
TITLE	DVS <input checked="" type="checkbox"/> DELETE		
NAME	KAPLAN, KAREN		
STREET ADDRESS	6500 NW 15 AVE.		
CITY-ST-ZIP	FT. LAUDERDALE FL		
TITLE	D <input checked="" type="checkbox"/> DELETE		
NAME	RUBIN, ROBERT		
STREET ADDRESS	6500 NW 15 AVE.		
CITY-ST-ZIP	FT. LAUDERDALE FL		
TITLE	D <input checked="" type="checkbox"/> DELETE		
NAME	COHEN, JAMES		
STREET ADDRESS	6500 NW 15 AVE.		
CITY-ST-ZIP	FT. LAUDERDALE FL		
TITLE	D <input checked="" type="checkbox"/> DELETE		
NAME	BARBAROSH, MILTON		
STREET ADDRESS	6500 NW 15 AVE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D.C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	James E. Cook, MD		
1.3 STREET ADDRESS	2424 N. Federal Hwy, Ste 362		
1.4 CITY-ST-ZIP	Boca Raton FL 33431-7749		
2.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	Peter J. Molinaro, Jr.		
2.3 STREET ADDRESS	2424 N. Federal Hwy, Ste 362		
2.4 CITY-ST-ZIP	Boca Raton FL 33431-7749		
3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	JR Dameron, Jr.		
3.3 STREET ADDRESS	2424 N. Federal Hwy, Ste 362		
3.4 CITY-ST-ZIP	Boca Raton, FL 33431-7749		
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME	John Prelaz		
4.3 STREET ADDRESS	2424 N. Federal Hwy, Ste 362		
4.4 CITY-ST-ZIP	Boca Raton FL 33431-7749		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>J.R. Dameron, Jr.</i>		4-30-97 561-395-5402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)