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

PROFIT CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

19	996	DIVISION	OF CORPOR	ATIONS	_		
OCUM Corporation Na	ENT # P9300	0033669	(1)				
	AN PROVIDERS, INC.						
rincipal Place of	Business	Mailing Address			A LEGITARY ME 12:00 mm. as		
7220 NW 36TH SUITE 530 MIAMI FL 33011		7220 NW 36TH S' SUITE 530 MIAMI FL 33016	ſ		3. Date Incorporated or Qualified 05/10/1993		e of Last Report 2/14/1995
. Principal Place	e of Business	2a. Mailing Address			4. FEI Number		Applied For Not Applicab
		26			65-0413066		\$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, et	C.		5. Certificate of Status Desired	M	Fee Required
2 Cit & Chata		City & State			6. Election Campaign Financing		\$5.00 May Be
City & State		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	ì	ountry	8. This corporation has liability for Florida Statutes	r intangible t is X No	ax under silies.032,
4	25	29	30	_	10. Name and Address of New		Agent
	9. Name and Address of Curre	ur uelisteien Weur		81 Name			
DORCHAK, KENNETH J 11900 BISCAYNE BLVD NORTH MIAMI FL 33181			83 84 City		FI	85 Zip Code	
11. Pursuant to or registere	the provisions of Sections 607.050 d agent, or both, in the State of Flo	02 and 607.1508, Florida S rida. Such change was au ction 607.0505. Florida St	Statutes, the all thorized by the atutes.	bove-named corpo e corporation's boa	oration submits this statement for the p and of directors. Thereby accept the ap	pointment a	is registered agent. I an
or registere familiar with SIGNATUREs	d agent, or both, in the State of Flor, and accept the obligations of, Sei	ction 607.0505, Florida St	atutes.	eed Agent signature requir		DA*E	ID DIRECTORS IN 12
or registere familiar with SIGNATURE	d agent, or both, in the state of ro, and accept the obligations of, Sei ilgnature, typed or printed name of registered aut	ction 607.0505, Florida St	(NOTE Broke	eed Agent signature requir	and the second s	DA*E	
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