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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SIGNATURE:

	1990							
OCU Corporation	IMENT # P930	000069303	3 (4)					
CAN	IDEN MEDICAL SUPPLY, 1	INC.						
							18 111 21 110 11110 1	ahan ikup anda upu d
ncipal Plac	be of Business	Mailing Address						
4506 L.B. MCLEOD ROAD P.O. BOX 53-6576								
SUITE F ORLANDO) FL 32811	ORANDOO FL	32853-6576					
					3. Date Incorporated or Q	ualified	3a. Date of La	
Principal F	Place of Business	2a. Mailing Addres	ss		09/28/1993 4. FEI Number		<u> </u>	0/1995
D. 184 . A . 4		26			59-3203186			Applied For Not Applicat
Suite, Apt.	#, OIC.	Suite, Apt, #, (etc.		5. Certificate of Status Des	sired		.75 Additional
City & Stat	te	City & State			6. Election Campaign Fina			Fee Required
Zin.		28			Trust Fund Contribution			5.00 May Be
Zip	Country 25	Zip	Countr 30	ry	8. This corporation has liat	oility for inte	angible tax und	
	9. Name and Address of Curr	ent Registered Agent	[30]		Florida Statutes 10. Name and Address of	Yes		
00104	20 ATENIAN 6		8	1 Name			novered Agen	1.4
GRIGGS, STEPHEN P. 4506 LB MCLEOD ROAD SUITE F			82	2 Street Addr	ress (P.O. Box Number is Not A	cceptable)		<u> </u>
			83					
ORLA	NDO FL 32811							
						85	Zip Code	
Pursuant or register familiar wi	to the provisions of Sections 607.050 red agent, or both, in the State of Floth, and accept the obligations of, Se	02 and 607.1508, Florida orida. Such change was au ction 607.0505, Florida St	Statutes, the above otherized by the conduttes.	ļ	ration submits this statement for rd of directors. I hereby accept t	the purpoint		
amılar wi	th, and accept the obligations of, Se Signature, typed or printed name of registered age	ction 607.0505, Florida St ent and titu if applicable		named corpor poration's boar	o or directors. Thereby accept t	the purpo the appoint		
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