

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$375 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000032169 (2)

1. Corporation Name

TOTAL OPHTHALMIC SERVICES INC.

Principal Place of Business

1450 MADRUGA AVE.
SUITE 406
CORAL GABLES FL 33146

Mailing Address

1450 MADRUGA AVE.
SUITE 406
CORAL GABLES FL 33146

FILED
95 JUL 10 AM 9: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 7815 PENWOOD CT

2a. Mailing Address

26 7815 PENWOOD CT

4. FEI Number

65-0485877

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 LAKE WORTH, FL.

City & State

28 LAKE WORTH, FL.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33467

25 PALM BEACH

Zip

Country

29 33467

30 PALM BEACH

7. This corporation has liability for intangible tax under s. 192.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HABER, DEWINS R
1450 MADRUGA AVE.
SUITE 406
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
DEBBIE LAMBERT

82 Street Address (P.O. Box Number is Not Acceptable)
7815 PENWOOD CT

83

84 City
LAKE WORTH

FL

85 Zip Code
33467

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, s. 607.1505, Florida Statutes.

SIGNATURE

Debbie Lambert

NOTE: Registered Agent signature required when resigning.

7/1/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAMBERT, DEBBIE
STREET ADDRESS	1450 MADRUGA AVE., SUITE 406
CITY - ST - ZIP	CORAL GABLES FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 110.07(3)(b), 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: Debbie Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-95 4076415601

Date

Signature (Print Name)

CR2E034 (3/95)