FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 26 PM 2:01

DOCUMENT # P94000042497 (5)

1. Corporate Name
FORESMAN & KOEPNICK, O.D., P.A.

800001547958
-07/27/95--01072--018
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6500 N.W. 15TH AVE. #100 FORT LAUDERDALE FL 33309	6500 N.W. 15TH AVE. #100 FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 ___ Suite, Apt #, etc: 22 ___ City & State: 23 ___ Zip: 24 ___ Country: 25 ___
2a. Mailing Address: 26 ___ Suite, Apt #, etc: 27 ___ City & State: 28 ___ Zip: 29 ___ Country: 30 ___

4. FEI Number ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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
BERGER, JAMES L 100 N.E. 3RD AVE. #400 FORT LAUDERDALE FL 33301	81 Name: Alan M. Burger, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 9990 S.W. 77th Avenue 83 Penthouse Five 84 City: Miami FL 85 Zip Code: 33156

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: Alan M. Burger — Registered Agent Signature required when reinstating — DATE: 4/20/95

12.	OFFICERS AND DIRECTORS
TITLE	D
NAME	FORESMAN, MARY
STREET ADDRESS	6500 N.W. 15TH AVE., #100
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	D
NAME	KOEPNICK, LANCE
STREET ADDRESS	6500 N.W. 15TH AVE., #100
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
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 119.07(1)(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: Lance M Koepnick OD — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Lance Koepnick OD — Date: 7/21/95 — Daytime Phone: 305-978-0400

0210022 CP