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

APPROVED AND FILED

95 MAR -3 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070983 (9)

1. Corporate Name
MANAGED EYE CARE, INC.

Principal Place of Business	Mailing Address
27501 S FEDERAL HWY MIAMI FL 33032	27501 S FEDERAL HWY MIAMI FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 27501 South Dixie Highway	26 27501 South Dixie Highway
State, Apt. #, etc. 22 Suite 300	State, Apt. #, etc. 27 Suite 300
City & State 23 Miami Fla.	City & State 28 Miami FL.
Zip 24 33032	Zip 29 33032
Country 25 USA	Country 30 USA

4. FEI Number: 65-0542782 — ☐ 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

BRENNAN, JAMES A III
27501 S FEDERAL HWY
MIAMI FL 33032

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 27501 South Dixie Highway
83 Suite 300
84 City: Miami FL 85 Zip Code: 33032

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: James A Brennan III — 2/17/95
(If changing Registered Agent, Registered Agent must sign)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: DPST 12 NAME: BREENAN, JAMES A III 13 STREET ADDRESS: 27501 S FEDERAL HWY 14 CITY-ST-ZIP: MIAMI FL 33032	☐ Change ☐ Addition BRENNAN, JAMES A III 27501 South Dixie Highway
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 a director or officer 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 above, or on an attachment with an address, is changed, or on an attachment with an address.

SIGNATURE: James A Brennan III — 2/17/95 — 305-246-1778
(Telephone Number)
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

0117006 CP