


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Sep 23, 1999 8:00 am**  
**Secretary of State**

09-23-1999 90007 030 \*\*\*558.75

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000015156**

1. Corporation Name  
**VISION DIAGNOSTICS, INC.**



Principal Place of Business <b>5200 DAVISSON AVE.</b> <b>ORLANDO FL 32810</b>	Mailing Address <b>5200 DAVISSON AVE.</b> <b>ORLANDO FL 32810</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/20/1995</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3301845</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**LAMMERS, LARRY M**  
**5200 DAVISSON AVE.**  
**ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81. Name **Tina Comrie**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**5200 Davisson Ave**  
**Suite B**  
 83. City **Orlando** **FL** 85. Zip Code **32810**

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 Tina Comrie **Tina Comrie - Site manager** **9/1/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAMMERS, LARRY M</b>	1.2 NAME	<b>M. Lee Hulsebus</b>
STREET ADDRESS	<b>5200 DAVISSON AVE.</b>	1.3 STREET ADDRESS	<b>9191 Towne Centre Dr. #420</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	1.4 CITY-ST-ZIP	<b>San Diego CA 92122</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Dick Sloan</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, ANTHONY A</b>	2.2 NAME	<b>9191 Towne Centre Dr. #420</b>
STREET ADDRESS	<b>5200 DAVISSON AVE.</b>	2.3 STREET ADDRESS	<b>San Diego, CA 92122</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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, with all other like empowered.

SIGNATURE: M. Lee Hulsebus **M. LEE HULSEBUS** **9/1/99** **619-455-7127 x3008**  
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)