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

PROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -2 AM 11:41

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DOCUMENT # P95000036955

Corporation Name
VISION CARE, INC.

Principal Place of Business	Mailing Address
5775 BLUE LAGOON DRIVE STE 400 MIAMI FL 33126	5775 BLUE LAGOON DRIVE STE 400 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1995

4. FEI Number: 59-3356439 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business	2a. Mailing Address
1511 N. Westshore Blvd.	26
Suite, Apt. #, etc.: 1000	Suite, Apt. #, etc: 27
City & State: Tampa, Fl.	City & State: 28
Zip: 33630 Country: 25 U.S.A.	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

SHUE, HENRY C TIE
5775 BLUE LAGOON DRIVE , #400
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

100003260261--6
-05/19/00--01017--019
****150.00 ****150.00

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	CEO ☒ Change ☐ Addition
NAME	BRAVERMAN, HOWARD	1.2 NAME	Braverman, Howard
STREET ADDRESS	1511 N WESTSHORE BLVD, #1000	1.3 STREET ADDRESS	1511 N. Westshore Blvd., Suite 1000
CITY-ST-ZIP	TAMPA FL 33630	1.4 CITY-ST-ZIP	Tampa, Fl. 33630
TITLE	DC ☐ DELETE	2.1 TITLE	PD XX Change ☐ Addition
NAME	TIE SHUE, HENRY C	2.2 NAME	Shapiro, Stanley I.
STREET ADDRESS	5775 BLUE LAGOON DRIVE, #400	2.3 STREET ADDRESS	5775 Blue Lagoon Dr., Suite 400
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	Miami, Fl. 33126
TITLE	D ☐ DELETE	3.1 TITLE	VCD ☒ Change ☐ Addition
NAME	SHAPIRO, STANLEY I	3.2 NAME	Levine, Howard
STREET ADDRESS	5775 BLUE LAGOON DRIVE, #400	3.3 STREET ADDRESS	5775 Blue Lagoon Dr. Suite 400
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	~~Miami, Fl. 33126~~
TITLE	D ☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	YOUNG, BRUCE A	4.2 NAME	Gorman, Michael A.
STREET ADDRESS	5775 BLUE LAGOON DRIVE, #400	4.3 STREET ADDRESS	50 Kennedy Plaza
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	~~Providence, RI 02903~~
TITLE	D ☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	LEVINE, HOWARD	5.2 NAME	Hilinski, Scott F.
STREET ADDRESS	5775 BLUE LAGOON DRIVE, #400	5.3 STREET ADDRESS	50 Kennedy Plaza
CITY-ST-ZIP	MIAMI FL 33126	5.4 CITY-ST-ZIP	Providence, RI 02903
TITLE	S ☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	BERMAN, MARLA I	6.2 NAME	Breier, Robert G.
STREET ADDRESS	5775 BLUE LAGOON DRIVE, #400	6.3 STREET ADDRESS	2800 Ponce De Leon Blvd., Suite 1125
CITY-ST-ZIP	MIAMI FL 33126	6.4 CITY-ST-ZIP	Coral Gables, Fl. 33134-6912

CR2E034 (11/98)

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 added on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/00 (305) 262-1333
Date Daytime Phone #

Stanley I. Shapiro, President
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR