

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000061759 (3)

1. Corporation Name
ANA OPHTHALMICS, INC.

Principal Place of Business
1801 UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS FL 33071

Mailing Address
1801 UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS FL 33071-6078

FILED
May 08 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1995		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0623578		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KLINE, NORMAN M.D. 1801 UNIVERSITY DR. SUITE 102 CORAL SPRINGS FL 33071				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL		85 Zip Code	

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: *[Signature]* DATE: 4/27/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DICKINSON, ALEX		12 NAME				
STREET ADDRESS	1801 UNIVERSITY DRIVE		13 STREET ADDRESS				
CITY - ST - ZIP	CORAL SPRINGS FL 33071		14 CITY - ST - ZIP				
TITLE	V	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KLEIN, NORMAN M.		22 NAME	KLINE, Norman M.			
STREET ADDRESS	1801 UNIVERSITY DRIVE		23 STREET ADDRESS				
CITY - ST - ZIP	CORAL SPRINGS FL 33071		24 CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CZAJKOWSKI, ANTHONY R.		32 NAME	V.P.			
STREET ADDRESS	1801 UNIVERSITY DRIVE		33 STREET ADDRESS	<i>[Signature]</i>			
CITY - ST - ZIP	CORAL SPRINGS FL 33071		34 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY - ST - ZIP			44 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY - ST - ZIP			54 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			62 NAME	700002184247			
STREET ADDRESS			63 STREET ADDRESS	-05/20/97--01003--005			
CITY - ST - ZIP			64 CITY - ST - ZIP	***165.00			

14. I do 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

SIGNATURE: *[Signature]* DATE: 4/27/97 DAYTIME PHONE: 954 344 0999

CR2E034 (9/96)