

Feb 08, 2000 8:00 a  
Secretary of State

02-08-2000 90151 050 \*\*\*150.00

**DOCUMENT # P96000014940**  
 1. Entity Name  
**OPHTHALMIC TESTING SERVICES, INC.**

80009551

Principal Place of Business 1609 S.W. 5TH PLACE FT. LAUDERDALE FL 33312	Mailing Address 1609 S.W. 5TH PLACE FT. LAUDERDALE FL 33312-7504
---	--

2. Principal Place of Business 1730 W. Las Olas Blvd Suite, Apt. #, etc. Ft Lauderdale Fl. City & State	3. Mailing Address 1730 W. Las Olas Blvd Suite, Apt. #, etc. Ft Lauderdale Fl City & State
---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0642409**

Zip <b>33312</b> Country <b>USA</b>	Zip <b>33312</b> Country <b>USA</b>
-------------------------------------	-------------------------------------

5. Certificate of Status Desired  **\$8.75** Fee Required

6. Name and Address of Current Registered Agent  
**BEEBE, CHRISTINE A**  
**1609 S.W. 5TH PLACE**  
**FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent  
 Name **Christine A. Beebe**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1730 W. Las Olas Blvd**  
**Ft Lauderdale Fl 33312**  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE *Christine Beebe* DATE **1-23-2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** Added to

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEEBE, CHRISTINE A</b> <b>1609 S.W. 5TH PLACE</b> <b>FT. LAUDERDALE FL 33312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEEBE, TIMOTHY B</b> <b>1609 S.W. 5TH PLACE</b> <b>FT. LAUDERDALE FL 33312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Beebe, Christine A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> <b>1730 W. Las Olas Blvd</b> <b>Ft Lauderdale Fl. 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Beebe, Timothy B.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> <b>1730 W. Las Olas Blvd.</b> <b>Ft Lauderdale Fl 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

13. 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 report or supplemental 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 11 or 12, changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *Christine Beebe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-2000** **527-16**  
 Date Daytime Phone #