

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90203 005 \*\*\*158.75

024118K AVI

DOCUMENT # **P96000014940**



1. Entity Name  
**OPHTHALMIC TESTING SERVICES, INC.**

Principal Place of Business  
**1736 SW 2ND STREET  
FORT LAUDERDALE FL 33312  
US**

Mailing Address  
**1736 SW 2ND STREET  
FORT LAUDERDALE FL 33312  
US**



2. Principal Place of Business  
**1326 SE 17th Street  
Suite, Apt. #, etc. #526**

3. Mailing Address  
**1326 SE 17th Street  
Suite, Apt. #, etc. #526**

CHECK HERE IF MAKING CHANGES

City & State  
**FT. Lauderdale, FL**  
Zip  
**33316**  
Country  
**US**

City & State  
**FT. Lauderdale**  
Zip  
**33316**  
Country  
**US**

4. FEI Number **65-0642409**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCAULEY, ROBERT  
1736 SW 2ND STREET  
FT. LAUDERDALE FL 33312**

Name  
**Robert McCauley**  
Street Address (P.O. Box Number is Not Acceptable)  
**1326 SE 17th Street #526**  
City **FT. Lauderdale** FL Zip Code **33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert McCauley President**  
Signature, typed or printed name of registered agent and title if applicable.

**1-17-2003**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	MCCAULEY, ROBERT	1736 SW 2ND ST.	FT. LAUDERDALE FL 33312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1P	MCCAULEY, Robert	1326 SE 17th Street #526	FT. Lauderdale, FL 33316	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T	MCCAULEY, Laura L.	1326 SE 17th St., #526	FT. Lauderdale, FL 33316	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert McCauley President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-2003**  
Date

**(954) 527-1644**  
Daytime Phone #

CR2E034 (10/02)