

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90056 005 \*\*\*150.00

**DOCUMENT # P96000101844**

1. Entity Name  
**OCCULOGIX CORPORATION**

Principal Place of Business  
**2575 ULMERTON RD.**  
**SUITE 210**  
**CLEARWATER FL 33762**  
**US**

Mailing Address  
**2575 ULMERTON RD.**  
**SUITE 210**  
**CLEARWATER FL 33762**  
**US**

2. Principal Place of Business  
**612 Florida Avenue**

3. Mailing Address  
**P.O. Box 2081**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Palm Harbor, FL**

City & State  
**Palm Harbor, FL**

4. FEI Number  
**59-3434771**

Applied For  
 Not Applicable

Zip  
**34683**

Country  
**USA**

Zip  
**34682-2081**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**MCNAMARA, THOMAS P P.A.**  
**2909 BAY TO BAY BLVD**  
**SUITE 309**  
**TAMPA FL 33629**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, RICHARD C JR</b>	
STREET ADDRESS	<b>10950 72ND ST SUITE 105</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, RAMON</b>	
STREET ADDRESS	<b>10950 72ND STREET SUITE 105</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P / D / CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Davis, Richard C.</b>	
STREET ADDRESS	<b>612 Florida Avenue</b>	
CITY-ST-ZIP	<b>Palm Harbor, FL 34683</b>	
TITLE	<b>D / CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gonzalez, Ray</b>	
STREET ADDRESS	<b>612 Florida Avenue</b>	
CITY-ST-ZIP	<b>Palm Harbor, FL 34683</b>	
TITLE	<b>D / COO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Cornish</b>	
STREET ADDRESS	<b>612 Florida Avenue</b>	
CITY-ST-ZIP	<b>Palm Harbor, FL 34683</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *John Cornish* **John Cornish, COO** 2/28/02 727 / 784-2353  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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 CR2E034 (9/01)