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PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000102243 (8)

1. Corporation Name

ON-SITE VISION CARE, INCORPORATED

Principal Place of Business	Mailing Address
1301 NORTHEAST 104TH STREET MIAMI SHORES FL 33138	1301 NORTHEAST 104TH STREET MIAMI SHORES FL 33138-2661

3. Date Incorporated or Qualified **12/18/1996**

3a. Date of Last Report

4. FEI Number **65-0729748** — Applied For — Not Applicable

2. Principal Place of Business [21]	**2a.** Mailing Address [26]	**4.** FEI Number 65-0729748
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State [23]	City & State [28]	**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip [24] — Country [25]	Zip [29] — Country [30]	**8.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
MIAMI FL 33101

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: **D** ☐ DELETE NAME: **ROTH, DAVID M DR.** STREET ADDRESS: **1301 NORTHEAST 104TH STREET** CITY-ST-ZIP: **MIAMI SHORES FL 33138**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
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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: _____ DIRECTOR   4/10/97   (305) 757-2273

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   0003329