


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**

**Sep 16 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F96000000446 (2)**

1. Corporation Name  
**20/20 LASER CENTERS, INC.**



Principal Place of Business <b>6701 DEMOCRACY BLVD #200 BETHESDA MD 20817</b>	Mailing Address <b>6701 DEMOCRACY BLVD #200 BETHESDA MD 20817</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/26/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>52-1852589</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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**

TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RUSTARD, WARREN S</b>	
STREET ADDRESS	<b>6701 DEMOCRACY BLVD #200</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THIMONS, J. JAMES O.D.</b>	
STREET ADDRESS	<b>6701 DEMOCRACY BLVD #200</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPEAKER, MARK MD, PHD</b>	
STREET ADDRESS	<b>6701 DEMOCRACY BLVD #200</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONAS, GARY F</b>	
STREET ADDRESS	<b>6701 DEMOCRACY BLVD #200</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONAS, GARY F</b>	
STREET ADDRESS	<b>6701 DEMOCRACY BLVD #200</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRINT, STEPHEN F M.D.</b>	
STREET ADDRESS	<b>6701 DEMOCRACY BLVD #200</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>	

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

1.1 TITLE	<b>DC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Vamvakas, Elias</b>	
1.3 STREET ADDRESS	<b>6701 Democracy Blvd # 200</b>	
1.4 CITY-ST-ZIP	<b>Bethesda, MD 20817</b>	
2.1 TITLE	<b>DC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Kelly, Ronald J.</b>	
2.3 STREET ADDRESS	<b>6701 Democracy Blvd #200</b>	
2.4 CITY-ST-ZIP	<b>Bethesda, MD 20817</b>	
3.1 TITLE	<b>DC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Reigert, John F.</b>	
3.3 STREET ADDRESS	<b>6701 Democracy Blvd # 200</b>	
3.4 CITY-ST-ZIP	<b>Bethesda, MD 20817</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:**

*[Handwritten Signature]* **GREG P. COLEMAN** 9/16/97

CR2E034 (4/97)