


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K39350
 1. Entity Name
OCUCARE SYSTEMS, INC.



Principal Place of Business Mailing Address
9040 W ST RD 84 9040 W ST RD 84
FT LAUDERDALE, FL 33324 US FT LAUDERDALE, FL 33324 US

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0094759** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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: *[Signature]* DATE: 3/16/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

UN00000279938
 03/29/05-90018-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME WALLS, CHRISTOPHER J
 STREET ADDRESS 87 GRANDVIEW AVENUE
 CITY-ST-ZIP WATERBURY, CT 06708

TITLE V
 NAME DAVIS, JOHN R
 STREET ADDRESS 9040 W ST RD 84
 CITY-ST-ZIP FT LAUDERDALE, FL 33324

TITLE TD
 NAME BLASKIEWICZ, WILLIAM A
 STREET ADDRESS 87 GRANDVIEW AVENUE
 CITY-ST-ZIP WATERBURY, CT 06708

TITLE SD
 NAME HARROLD, JASON M
 STREET ADDRESS 112 ZEBULON COURT
 CITY-ST-ZIP ROCKY MOUNT, NC 27804

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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: *[Signature]* DATE: 3/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #