

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39350

FILED
Apr 25, 2012
Secretary of State

Entity Name: OCUCARE SYSTEMS, INC.

Current Principal Place of Business:

7700 FORSYTH BLVD
ST LOUIS, MO 63105

New Principal Place of Business:

Current Mailing Address:

7700 FORSYTH BLVD
ST LOUIS, MO 63105

New Mailing Address:

FEI Number: 65-0094759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: LAVELY, DAVID
Address: 112 ZEBULON COURT
City-St-Zip: ROCKY MOUNT, NC 27804

Title: VP
Name: DAVIS, JOHN
Address: 9042 W ST RD 84
City-St-Zip: FT LAUDERDALE, FL 33324

Title: VP
Name: HARROLD, JASON
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: SEC
Name: WILLIAMSON, KEITH
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: VP
Name: SCHEFFEL, WILLIAM
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: TRES
Name: VERRASTRO, GEORGE
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRICIA DINKELMAN

_____ Electronic Signature of Signing Officer or Director

DIR

04/25/2012

_____ Date