

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K39350

**Entity Name:** OCUCARE SYSTEMS, INC.

**Current Principal Place of Business:**

7700 FORSYTH BOULEVARD  
SUITE 800  
ST. LOUIS, MO 63105

**Current Mailing Address:**

7700 FORSYTH BOULEVARD  
SUITE 800  
ST. LOUIS, MO 63105 US

**FEI Number:** 65-0094759

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title VICE PRESIDENT/DIRECTOR  
Name HARROLD, JASON M.  
Address 7700 FORSYTH BOULEVARD  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title PRESIDENT/DIRECTOR  
Name LAVELY, DAVID M.  
Address 7700 FORSYTH BOULEVARD  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title VP  
Name SCHEFFEL, WILLIAM N.  
Address 7700 FORSYTH BOULEVARD  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title TREASURER/DIRECTOR  
Name VERRASTRO, GEORGE  
Address 7700 FORSYTH BOULEVARD  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title SECRETARY  
Name WILLIAMSON, KEITH H.  
Address 7700 FORSYTH BOULEVARD  
SUITE 800  
City-State-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:** WILLIAM N. SCHEFFEL

VP

04/11/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date