

P950000 22249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

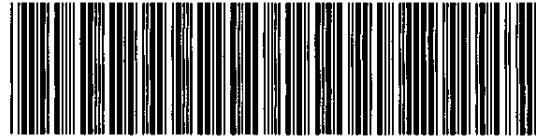
(Business Entity Name)

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**Malave, Erin**

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**From:** Scott Marsh [scott@prosthetic-eye.com]  
**Sent:** Wednesday, May 05, 2010 3:03 PM  
**To:** CorpAddressChange  
**Subject:** Request for address change

I am requesting that our PRINCIPAL address be changed.

DOCUMENT # P95000022249   
FEI/EIN Number 650580048

**SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.**  
**950 NW 9TH CT.**  
**BOCA RATON, FL. 33486**

Please let me know if you have any further questions.

Sincerely,  
Scott Marsh, Administrator  
SNG Labs/ Prosthetic Eye Institute  
P. 561-391-7099  
F. 561-392-1039