

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000051167

Entity Name: MEDICAL OPTICS, INC.

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Current Principal Place of Business:

559 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

559 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 65-0741369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI, FL 33131 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: MALVASIO, FRANK
Address: 5327 PARK PLACE CIRCLE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: MALVASIO, FRANK
Address: 7170 NW 70 TERRACE
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRANK MALVASIO

PTSD

04/29/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date