

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000051167

Entity Name: MEDICAL OPTICS, INC.

FILED  
Mar 26, 2009  
Secretary of State

**Current Principal Place of Business:**

10320 WEST MCNAB ROAD  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

10320 WEST MCNAB ROAD  
TAMARAC, FL 33321

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPST ( ) Delete  
Name: MALVASIO, FRANK  
Address: 7170 NW 70 TERRACE  
City-St-Zip: PARKLAND, FL 33067

Title: DP ( ) Delete  
Name: MALVASIO, PETER  
Address: 7170 NW 70 TERRACE  
City-St-Zip: PARKLAND, FL 33067 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

VP

03/26/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date