

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000010688

**FILED**  
**Feb 04, 2021**  
**Secretary of State**  
**2300551275CC**

**Entity Name:** INSTITUTE FOR ADAPTIVE OPTICS IN HUMAN VISION, INC.

**Current Principal Place of Business:**

1144 TALLEVAST RD. SUITES 113-115  
SARASOTA, FL 34243

**Current Mailing Address:**

1144 TALLEVAST RD. SUITES 113-115  
SARASOTA, FL 34243 US

**FEI Number:** 47-5389469

**Certificate of Status Desired:** No

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

VAN HEUGTEN, ANTHONY  
8437 TUTTLE AVENUE, SUITE 319  
SARASOTA, FL 34243 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:** ANTHONY VAN HEUGTEN

02/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HEUGTEN, TONY V  
Address 4107 72ND AVE E  
City-State-Zip: SARASOTA FL 34243

Title SD  
Name LATZER, MICHAEL  
Address 29800 AGOURA RD  
City-State-Zip: AGOURA HILLS CA 91301

Title D  
Name BENNETT, PETER  
Address 2425 KNECHT BRIDGE ROAD  
City-State-Zip: RIEGELSVILLE PA 18077

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TONY V. HEUGTEN

PD

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date