

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000010688

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

01/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|-------------------------|-----------------|-----------------------|
| Title | PD | Title | SD |
| Name | HEUGTEN, TONY V | Name | LATZER, MICHAEL |
| Address | 4107 72ND AVE E | Address | 29800 AGOURA RD |
| City-State-Zip: | SARASOTA FL 34243 | 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 VAN HEUGTEN

PRESIDENT

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date