

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000076834

**Entity Name:** THE DRY EYE SPA, INC.

**Current Principal Place of Business:**

2000 PGA BLVD.  
5505  
PALM BEACH GARDENS, FL 33408

**Current Mailing Address:**

2000 PGA BLVD.  
5505  
PALM BEACH GARDENS, FL 33408 US

**FEI Number:** 27-3504560

**Certificate of Status Desired:** No

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

SALINGER, CLIFFORD LMD  
2000 PGA BLVD.  
5505  
PALM BEACH GARDENS, FL 33408 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            SALINGER, CLIFFORD LMD  
Address        2000 PGA BLVD, #5505  
City-State-Zip: PALM BEACH GARDENS FL 33408

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

**SIGNATURE:** CLIFFORD L. SALINGER

MD

01/17/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date