

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000036208

**Entity Name:** OCULUS SURGICAL, INC.**Current Principal Place of Business:**562 NW MERCANTILE PLACE, SUITE 104  
PORT ST LUCIE, FL 34986**Current Mailing Address:**562 NW MERCANTILE PLACE, SUITE 104  
PORT ST LUCIE, FL 34986 US**FEI Number:** 45-5077767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GY CORPORATE SERVICES, INC.  
600 BRICKELL AVENUE  
SUITE 3500  
MIAMI, FL 33131 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:** MARK SCHEER

03/29/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CD
Name	KIRCHHUEBEL, RAINER
Address	MUNCHHOLZHAUSER STR. 29
City-State-Zip:	35582 WETZLAR GERMANY XX

Title	D
Name	ADAMOWICZ, STEFFAN
Address	MUNCHHOLZHAUSER STR. 29
City-State-Zip:	35582 WETZLAR GERMANY XX

Title	D
Name	KIRCHHUEBEL, CHRISTIAN
Address	MUNCHHOLZHAUSER STR. 29
City-State-Zip:	35582 WETZLAR GERMANY XX

Title	D
Name	GILLILAND, RONALD B
Address	562 NW MERCANTILE PLACE, SUITE 104
City-State-Zip:	PORT ST LUCIE FL 34986

*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:** JOY FLEDELIUS F/B/O RONALD GILLILAND**AUTHORIZED PERSON**

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date