

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000041649

**Entity Name:** PHOTOBIONICS, INC.

**Current Principal Place of Business:**

100 NORTH BISCAYNE BLVD.  
2100  
MIAMI, FL 33132

**Current Mailing Address:**

100 NORTH BISCAYNE BLVD.  
2100  
MIAMI, FL 33132 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REGISTERZENTRALE, LLC  
100 NORTH BISCAYNE BLVD.  
2100  
MIAMI, FL 33132 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           PTD  
Name           FELDHORDT, TOM  
Address       DERFFLINGERSTRASSE 17  
City-State-Zip: BERLIN UN 10785

Title           SD  
Name           SEEGERS, RALF C  
Address       SCHOENSTEDTSTRASSE 7  
City-State-Zip: BERLIN UN 12043

*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:** FELDHORDT , TOM

**PTD**

**03/25/2019**

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

\_\_\_\_\_  
Date