

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000022249

**Entity Name:** SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.

**Current Principal Place of Business:**

950 N.W. 9TH CT.  
BOCA RATON, FL 33486

**Current Mailing Address:**

4445 WOODFIELD BLVD.  
BOCA RATON, FL 33434 US

**FEI Number:** 65-0580048

**Certificate of Status Desired:** No

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

NICOLE GARONZIK  
4445 WOODFIELD BLVD  
BOCA RATON, FL 33434 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 P  
Name GARONZIK, NICOLE  
Address 4445 WOODFIELD BLVD.  
City-State-Zip: BOCA RATON FL 33434

Title T  
Name GARONZIK, NICOLE  
Address 4445 WOODFIELD BLVD  
City-State-Zip: BOCA RATON FL 33434

*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:** NICOLE GARONZIK

**PRESIDENT**

**03/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date