

2013 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	Title	T
Name	GARONZIK, NICOLE	Name	GARONZIK, NICOLE
Address	4445 WOODFIELD BLVD.	Address	4445 WOODFIELD BLVD
City-State-Zip:	BOCA RATON FL 33434	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

03/12/2013

Electronic Signature of Signing Officer/Director Detail

Date