

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000051167

**Entity Name:** MEDICAL OPTICS, INC.

**Current Principal Place of Business:**

10320 WEST MCNAB ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

10320 WEST MCNAB ROAD  
TAMARAC, FL 33321

**FEI Number:** 65-0741369

**Certificate of Status Desired:** Yes

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

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1500 MIAMI CENTER  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PST  
Name            MALVASIO, FRANK  
Address        7170 NW 70 TERRACE  
City-State-Zip: PARKLAND FL 33067

*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:** FRANK MALVASIO

**PRESIDENT**

**01/10/2015**

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

\_\_\_\_\_  
Date