

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001875

Entity Name: NOVAVISION THERAPY, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

3651 FAU BLVD.
#300
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3651 FAU BLVD.
#300
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-0503525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MAZZOCCHI, RUDY
Address: 3651 FAU BLVD., SUITE #300
City-St-Zip: BOCA RATON, FL 33431

Title: VPCF () Delete
Name: WEIS, HOLGER
Address: 3651 FAU BLVD., SUITE #300
City-St-Zip: BOCA RATON, FL 33431

Title: CTO () Delete
Name: PAUL, PATRICK
Address: 3651 FAU BLVD., SUITE #300
City-St-Zip: BOCA RATON, FL 33431

Title: S () Delete
Name: WEIS, HOLGER
Address: 3651 FAU BLVD., SUITE #300
City-St-Zip: BOCA RATON, FL 33431

Title: T () Delete
Name: WEIS, HOLGER
Address: 3651 FAU BLVD., SUITE #300
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS () Change (X) Addition
Name: BRIDGES, TOM
Address: 3651 FAU BLVD., SUITE #300
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HOLGER WEIS

VPCF

04/14/2009

Electronic Signature of Signing Officer or Director

Date