2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -9 PM 2:57

DOCUMENT # L02000025139

1. Entity Name
NEUROMETRIC VISION SYSTEMS, L.L.C.

Principal Place of Business	Mailing Address
8950 NW 78TH COURT, NO. 320 TAMARAC, FL 33321	8950 NW 78TH COURT, NO. 320 TAMARAC, FL 33321

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOGON, ROBERT K 1339 BARNSTAPLE CIRCLE WEST PALM BEACH, FL 33414	Name: Rebecca J. Del Medico Street Address (P.O. box number is not acceptable): 6351 Flordian Circle City: Lake Worth State: FL Zip Code: 33463

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rebecca J Del Medico 6/30/2003
Signature, acknowledging status as registered agent and name of registered agent (Required) Date

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE MANAGING PARTNER ☐ Delete NAME RAMEY HUTCHESON STREET ADDRESS 8950 NW 78TH CT #320 CITY-ST-ZIP TAMARAC, FL 33321	☐ Change ☐ Addition 100021409771 07/09/03--01028--004 **50.00
TITLE PARTNER ☐ Delete NAME MARYLOU HUTCHESON STREET ADDRESS 8950 NW 78TH CT #320 CITY-ST-ZIP TAMARAC, FL 33321	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E093 (1/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: Stanley Hutcheson 6/30/2003
Signature and Title of Managing Member, Manager, or Authorized Representative Date

Rebecca J. Del Medico 561 964-1615 Jun 29 03 03:53p p.3