

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L13272

Entity Name: OSPREY OPTICAL, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2121 S TAMIANI TR
SARASOTA, FL 34239 US

New Principal Place of Business:

2121 S TAMIANI TR
SARASOTA, FL 34239 US

Current Mailing Address:

2121 S TAMIANI TR
SUITE 405
SARASOTA, FL 34239 US

New Mailing Address:

2121 S TAMIANI TR
SUITE 405
SARASOTA, FL 34239 US

FEI Number: 65-0161760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FETTERMAN, JAMES C., P.A.
4521 BEE RIDGE RD
SUITE A
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

HALVEY, CORNELIUS H MD
2121 S TAMIANI TRAIL
SARASOTA, FL 34239 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: CORNELIUS H HALVEY MD

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: HALVEY, CORNELIUS H., MD
Address: 1921 WALDEMERE ST STE. 405
City-St-Zip: SARASOTA, FL

Title: DS () Delete
Name: CAMPBELL, DAVID P MD
Address: 1921 WALDEMERE ST. STE. 405
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: HALVEY, CORNELIUS H., MD
Address: 2121 S TAMIANI TRAIL
City-St-Zip: SARASOTA, FL 34239 US

Title: DS (X) Change () Addition
Name: CAMPBELL, DAVID P MD
Address: 2121 S TAMIANI TRAIL
City-St-Zip: SARASOTA, FL 34239 US

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: CORNELIUS H HALVEY

DR

04/27/2009

Electronic Signature of Signing Officer or Director

Date