2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023585

ZIEMER, JURGEN

MIAMI, FL 33176

9531 SW 124 TERR

Name:

Address:

City-St-Zip:

FILED Aug 20, 2008 Secretary of State

Entity Name: ZIEMER OPTHALMOLOGY USA CORP.							
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
9531 SW 1: MIAMI, FL	24 TERRACE 33176						
Current Mailing Address:			New Maili	New Mailing Address:			
9531 SW 124 TERRACE MIAMI, FL 33176			205	13015 SW 89 PL 205 MIAMI, FL 33176			
FEI Number:	65-0987520	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status D	esired (X)	
Name and	Address of Co	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
ZIEMER, JU 9531 SW 1: MIAMI, FL	24 TERR						
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered o	office or registered ag	jent, or both,	
SIGNATUR	RE:						
	Electroni	c Signature of Registered Agen	t		Date		
		(2)(b), F.S., the corporation did not r	eceive the prior notic	e.			
	AND DIRECT	` ,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () I ZIEMER, KURT PORTSRASSE 3 2555 BRUEGG S		Title: Name: Address: City-St-Zip:	ZIEMER, KURT ALLMENDSTRA			
Title: Name: Address: City-St-Zip:	T () MEICHTRY, RAY PORTSRASSE 3 2555 BRUEGG S	35	Title: Name: Address: City-St-Zip:	MEICHTRY, RA			
Title: Name: Address: City-St-Zip:	D () I ZIEMER, FRANK PORTSRASSE 3 2555 BRUEGG S	35	Title: Name: Address: City-St-Zip:	ZIEMER, FRAN ALLMENDSTRA			
Title:	D ()	Nelete	Title:	(Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JURGEN ZIEMER D 08/20/2008