

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108678

Entity Name: OCULAR INNOVATIONS, INC.

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1121 LEWIS AVE  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5917  
SARASOTA, FL 34277

**New Mailing Address:**

1121 LEWIS AVE  
SARASOTA, FL 34237

FEI Number: 20-1423446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROMANOFF, BURTON M  
1819 MAIN STREET, SUITE 610  
SARASOTA, FL 34236 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: P ( ) Delete  
Name: WHITMORE, WILLET III  
Address: 1121 LEWIS AVENUE  
City-St-Zip: SARASOTA, FL 34237

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: WILLET F. WHITMORE III

DR.

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date