2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000162130

Entity Name: ORBITAL AND OCULO-FACIAL CONSULTANTS, P.A.

FILED Apr 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

935 CITRUS AVE 2088 HAWTHRONE STREET SARASOTA, FL 34246 US SARASOTA, FL 34239 US

Current Mailing Address: New Mailing Address:

935 CITRUS AVE 2088 HAWTHRONE STREET SARASOTA, FL 34236 US SARASOTA, FL 34239 US

FEI Number: 20-1946574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MONSUL, NICHOLAS T
935 CITRUS AVE
SARASOTA, FL 34236 US

MONSUL, NICHOLAS T
2088 HAWTHRONE STREET
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: 04/14/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 MONSUL, NICHOLAS T
 Name:
 MONSUL, NICHOLAS T

 Address:
 935 CITRUS AVE.
 Address:
 2088 HAWTHORNE STREET

935 CITRUS AVE.
SARASOTA, FL 34236

Address: 2088 HAWTHORNE STREET
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS T. MONSUL P 04/14/2007