

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143834

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: GEBAUER OPHTHALMIC INSTRUMENTS, INC.

**Current Principal Place of Business:**

12819 WALLINGFORD DR.  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

12819 WALLINGFORD DR.  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 43-2114750      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NAGEL, WALTER K  
2229 MONET RD  
N PALM BCH, FL 33410      US

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

NAGEL, FRED W  
12819 WALLINGFORD DRIVE  
TAMPA, FL 33624      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: FRED W. NAGEL

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOP      ( ) Delete  
Name: GEBAUER, STEFFEN  
Address: MONBACHSTR 7/1  
City-St-Zip: 75242 NEUHAUSEN, GERMANY,

Title: D      ( ) Delete  
Name: GEBAUER, STEFFEN  
Address: MONBACHSTR 7/1  
City-St-Zip: 75242 NEUHAUSEN, GERMANY,

Title: PC      ( ) Delete  
Name: NAGEL, WALTER K  
Address: 2229 MONET RD  
City-St-Zip: N PALM BCH, FL 33410

Title: S      (X) Delete  
Name: NAGEL, FRED W  
Address: 12819 WALLINGFORD DR.  
City-St-Zip: TAMPA, FL 33624

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

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

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

Title: S      (X) Change ( ) Addition  
Name: NAGEL, FRED W  
Address: 12819 WALLINGFORD DRIVE  
City-St-Zip: TAMPA, FL 33624

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: FRED W. NAGEL

S

04/16/2009

Electronic Signature of Signing Officer or Director

Date