

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000103948

**FILED**  
**Aug 03, 2010**  
**Secretary of State**

**Entity Name:** KUBLY OCULAR PROSTHETICS INC.

**Current Principal Place of Business:**

1025 E MAIN ST  
BARTOW, FL 33830

**New Principal Place of Business:**

3500 E FLETCHER AVE  
SUITE 509  
TAMPA, FL 33613 US

**Current Mailing Address:**

1025 E MAIN ST  
BARTOW, FL 33830

**New Mailing Address:**

3500 E FLETCHER AVE  
SUITE 509  
TAMPA, FL 33613 US

**FEI Number:** 26-3812926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: KUBLY, MARK B  
Address: 3500 E FLETCHER AVE SUITE 509  
City-St-Zip: TAMPA, FL 33613

I hereby 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 all other like empowered.

SIGNATURE: MARK B KUBLY

PSD

08/03/2010

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

\_\_\_\_\_  
Date