

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000061587

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** LIGHTWAVE SCIENCE, INC.

**Current Principal Place of Business:**

14390 CARLSON CIR.  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

14390 CARLSON CIR.  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 26-0661329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWELL, JAMES N  
ONE PROGRESS PLAZA, SUITE 1210  
ST. PETERSBURG, FL 33701 US

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

PIERCE, AVA  
612 SHORE DRIVE EAST  
OLDSMAR, FL 34677 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: AVA PIERCE

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PIERCE, WILLIAM B  
Address: 14390 CARLSON CIR.  
City-St-Zip: TAMPA, FL 33626

Title: CFO  
Name: PIERCE, AVA  
Address: 14390 CARLSON CIRCLE  
City-St-Zip: TAMPA, FL 33626

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: AVA PIERCE

CFO

04/03/2012

Electronic Signature of Signing Officer or Director

Date