2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# P09000080427

Entity Name: VITRECTOMY RECOVERY EQUIPMENT, INC.

Current Principal Place of Business:

1509 W WINDY WILLOW DRIVE
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

1509 W WINDY WILLOW DRIVE
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 27-1023036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOX, DIANE
1509 W WINDY WILLOW DRIVE
ST AUGUSTINE, FL 32092 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: D
Name: BOX, DIANE
Address: 1509 W WINDY WILLOW DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092

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: DIANE BOX DIRE 03/29/2011

Electronic Signature of Signing Officer or Director — Date