

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 10, 2006  
Secretary of State**

DOCUMENT# P97000037739

Entity Name: CENTER FOR OCULAR PROSTHETICS, INC.

**Current Principal Place of Business:**

6018 S.W. 18TH STREET, SUITE C2  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

6018 S.W. 18TH STREET, SUITE C2  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 65-0751287      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

B & C CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER, 21ST FL  
2 SOUTH BISCAYNE BLVD  
MIAMI, FL 33131 US

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

NICOLE GARONZIK  
4445 WOODFIELD BLVD  
BOCA RATON, FL 33434 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: NICOLE GARONZIK      02/10/2006  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GARONZIK, NICOLE B  
Address: 6018 S.W. 18TH STREET, SUITE C2  
City-St-Zip: BOCA RATON, FL 33433

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

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

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: NICOLE GARONZIK      D      02/10/2006  
Electronic Signature of Signing Officer or Director      Date