

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037739

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**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:**

950 NW 9TH CT  
BOCA RATON, FL 33486

**Current Mailing Address:**

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

**New Mailing Address:**

950 NW 9TH CT.  
BOCA RATON, FL 33486

FEI Number: 65-0751287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NICOLE GARONZIK  
4445 WOODFIELD BLVD  
BOCA RATON, FL 33434 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: GARONZIK, NICOLE B  
Address: 950 NW 9TH CT  
City-St-Zip: BOCA RATON, FL 33486

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: NICOLE GARONZIK

P

03/04/2011

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

\_\_\_\_\_ Date