

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037739

FILED
Feb 13, 2012
Secretary of State

Entity Name: CENTER FOR OCULAR PROSTHETICS, INC.

Current Principal Place of Business:

950 NW 9TH CT
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

950 NW 9TH CT.
BOCA RATON, FL 33486

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:

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

PRES

02/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date