2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043300

Entity Name: VISION MICROSURGICAL, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 550 LAKE OTIS DR. SE WINTER HAVEN, FL 33880 **Current Mailing Address: New Mailing Address:** 550 LAKE OTIS DR. SE WINTER HAVEN, FL 33880 FEI Number: 91-1785578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIPPE, MICHAEL S LIPPE, AMY JO 550 LÁKE OTIS DR. W. 550 LÁKE OTIS DR. W. WINTER HAVEN, FL 33880 US WINTER HAVEN, FL 33880 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: AMY JO LIPPE 01/04/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LIPPE, MICHAEL S Name: Name: 550 LAKE OTIS DR SE Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: Title: () Change () Addition () Delete LIPPE, AMY J Name: Name: 550 LAKE OTIS DR SE Address: Address: WINTER HAVEN, FL 33880 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AMY JO LIPPE 01/04/2005 CEO