2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2006
Secretary of State

DOCUMENT# P99000043300

Entity Name: VISION MICROSURGICAL, INC.

Current Principal Place of Business:

550 LAKE OTIS DR. SE
WINTER HAVEN, FL 33880

New Principal Place of Business:

4930 W. NASSAU STREET
TAMPA, FL 33607

Current Mailing Address:

550 LAKE OTIS DR. SE
WINTER HAVEN, FL 33880

New Mailing Address:

4930 W. NASSAU STREET
TAMPA, FL 33607

FEI Number: 91-1785578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPPE, AMY JO
550 LAKE OTIS DR. W.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

LIPPE, AMY JO
4930 W. NASSAU STREET
TAMPA, FL 33607 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 09/28/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LIPPE, MICHAEL S
Address: 550 LAKE OTIS DR SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: CEO ( ) Delete
Name: LIPPE, AMY J
Address: 550 LAKE OTIS DR SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LIPPE, MICHAEL S
Address: 4930 W. NASSAU STREET
City-St-Zip: TAMPA, FL 33607

Title: CEO (X) Change ( ) Addition
Name: LIPPE, AMY J
Address: 4930 W. NASSAU STREET
City-St-Zip: TAMPA, FL 33607

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: AMY JO LIPPE CEO 09/28/2006
Electronic Signature of Signing Officer or Director Date