

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000092632

**Entity Name:** FLORIDA OCULAR PROSTHETICS, INC.

**Current Principal Place of Business:**

967 SE FEDERAL HWY  
STUART, FL 34994

**Current Mailing Address:**

967 SE FEDERAL HWY  
STUART, FL 34994 US

**FEI Number:** 41-2140115

**Certificate of Status Desired:** Yes

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

JOHNSON, BRENDA HARDWICK  
967 SE FEDERAL HWY  
STUART, FL 34994 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:** BRENDA H JOHNSON

10/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JOHNSON, BRENDA HARDWICK  
Address        967 SE FEDERAL HWY  
City-State-Zip: STUART FL 34994

Title            PRESIDENT  
Name            JOHNSON, THOMAS NEIL  
Address        967 SE FEDERAL HWY  
City-State-Zip: STUART FL 34994

*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:** THOMAS JOHNSON

PRESIDENT

10/14/2016

Electronic Signature of Signing Officer/Director Detail

Date