

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092632

Entity Name: FLORIDA OCULAR PROSTHETICS, INC.

Current Principal Place of Business:

682 SE MONTEREY RD
STUART, FL 34994

Current Mailing Address:

682 SE MONTEREY RD
STUART, FL 34994

FEI Number: 41-2140115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, THOMAS N
682 SE MONTEREY RD
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name JOHNSON, THOMAS
Address 682 SE MONTEREY RD
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 N. JOHNSON

OCULARIST

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date