**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 14, 2014**
**Secretary of State**
**CC4074021719**

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 02/14/2014

Electronic Signature of Signing Officer/Director Detail — Date