

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037739

Entity Name: CENTER FOR OCULAR PROSTHETICS, INC.

Current Principal Place of Business:

950 NW 9TH CT
BOCA RATON, FL 33486

Current Mailing Address:

950 NW 9TH CT.
BOCA RATON, FL 33486

FEI Number: 65-0751287

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICOLE GARONZIK
4445 WOODFIELD BLVD
BOCA RATON, FL 33434 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 GARONZIK, NICOLE B
Address 950 NW 9TH CT
City-State-Zip: BOCA RATON FL 33486

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: NICOLE GARONZIK

PRESIDENT

03/13/2014

Electronic Signature of Signing Officer/Director Detail

Date