

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000093766

**Entity Name:** ADONIS OPTICAL, INC.

**Current Principal Place of Business:**

3720 NW 43 ST.  
SUITE 104  
GAINESVILLE, FL 32606-6190

**Current Mailing Address:**

3720 NW 43 ST.  
SUITE 104  
GAINESVILLE, FL 32606-6190 US

**FEI Number:** 59-3543331

**Certificate of Status Desired:** No

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

WIEBOLD, JONATHAN D  
3720 N.W. 43RD STREET  
STE 104  
GAINESVILLE, FL 32606-6190 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            PST  
Name            WIEBOLD, LISA D  
Address        3720 NW 43RD STREET, SUITE 104  
City-State-Zip: GAINESVILLE FL 32606

Title            VPD  
Name            WIEBOLD, JONATHAN  
Address        3720 NW 43RD STREET, SUITE 104  
City-State-Zip: GAINESVILLE FL 32606

*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:** JONATHAN D. WIEBOLD

VP

02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date