

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 08, 2008
Secretary of State**

DOCUMENT# N02000009157

Entity Name: THE HILLSBOROUGH SOCIETY OF OPTOMETRISTS, INC.

Current Principal Place of Business:

10108 MONTAGUE ST
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

10108 MONTAGUE ST
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 36-4510150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BONILLA-WARFORD, NATHAN J O.D.
WEST PARK VILLAGE
10108 MONTAGUE ST
TAMPA, FL 33626 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Delete
Name: PAYNE, SUSAN H OD
Address: 4051 UPPERCREEK DR. SUITE 107
City-St-Zip: SUN CITY CENTER, FL 33573 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: EFRE, ANTHONY OD
Address: 5537 SHELDON RD, SUITE A
City-St-Zip: TAMPA, FL 33615 US

Title: PR (X) Change () Addition
Name: EFRE, ANTHONY OD
Address: 5537 SHELDON RD, SUITE A
City-St-Zip: TAMPA, FL 33615 US

Title: TR () Delete
Name: BONILLA-WARFORD, NATHAN J OD
Address: 10108 MONTAGUE ST
City-St-Zip: TAMPA, FL 33626

Title: VP (X) Change () Addition
Name: BONILLA-WARFORD, NATHAN J OD
Address: 10108 MONTAGUE ST
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN BONILLA-WARFORD

VP

07/08/2008

Electronic Signature of Signing Officer or Director

_____ Date