

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002539

FILED  
Feb 12, 2007  
Secretary of State

Entity Name: PALM BEACH COUNTY OPTOMETRIC ASSOCIATION, INC.

**Current Principal Place of Business:**

7750 OKEECHOBEE BLVD SUITE 9  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

7750 OKEECHOBEE BLVD SUITE 9  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 20-4927383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTELLO, CHRIS O.D.  
204 E ATLANTIC AVENUE  
DELRAY BEACH, FL 33444 US

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

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:**

Title: DP ( ) Delete  
Name: MARCIANO, MARK T O.D.  
Address: 7750 OKEECHOBEE BLVD SUITE 9  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DVP ( ) Delete  
Name: CASTELLO, CHRIS O.D.  
Address: 204 E ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: DT ( ) Delete  
Name: STEPHENS, CLIFF O.D.  
Address: 5460 N OCEAN BLVD #3-D  
City-St-Zip: SINGER ISLAND, FL 33404

Title: DS ( ) Delete  
Name: SCHMIDT, GEORGE O.D.  
Address: 9123 N MILITARY TRAIL SUITE 101  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DTRU ( ) Delete  
Name: PIKAL, AMY O.D.  
Address: 1801 N FLAGLER DRIVE #510  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DTRU ( ) Delete  
Name: RHODES, ROBERT O.D.  
Address: 4061 CEDAR CREEK RABCG CURCKE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIS CASTELLO

PRES

02/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date