

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002539

FILED
Mar 21, 2009
Secretary of State

Entity Name: PALM BEACH COUNTY OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

9123 N. MILITARY TRAIL
SUITE 101
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

9123 N. MILITARY TRAIL
SUITE 101
PALM BEACH GARDENS, FL 33410

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:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PIKAL, AMY O.D.
Address: 1801 N. FLAGLER #510
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP (X) Change () Addition
Name: PARKER, BART O.D.
Address: 5970-D JOG ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: CH (X) Change () Addition
Name: SCHMIDT, GEORGE O.D.
Address: 9123 N. MILITARY TR. #101
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: GEORGE L. SCHMIDT

CH

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date