

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002539

FILED
Jan 12, 2011
Secretary of State

Entity Name: PALM BEACH COUNTY OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

825 WESTWIND DRIVE
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

825 WESTWIND DRIVE
NORTH PALM BEACH, FL 33408

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:

LORELLI, ANTHONY O.D.
825 WESTWIND DRIVE
NORTH PALM BEACH, FL 33408 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
Name: PARKER, BARTON O.D.
Address: 5970-D JOG ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: VP
Name: MARCIANO, BRANDEE O.D.
Address: 7750 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TRES
Name: LORELLI, ANTHONY O.D.
Address: 825 WESTWIND DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SEC
Name: GONZALEZ, MARICELY OD
Address: 11 CORRIE PLACE
City-St-Zip: BOYNTON BEACH, FL 33426

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY J. LORELLI, OD

TRES

01/12/2011

Electronic Signature of Signing Officer or Director

Date