

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 23, 2011
Secretary of State**

DOCUMENT# N06000002539

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: MARCIANO, BRANDEE O.D.
Address: 7750 OKEECHOBEE BLVD., STE. 9
City-St-Zip: WEST PALM BEACH, FL 33411Title: VP
Name: LORELLI, ANTHONY O.D.
Address: 825 WESTWIND DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408Title: TRES
Name: JOSEPH, GLEN O.D.
Address: 21533 HALSTEAD DR.
City-St-Zip: BOCA RATON, FL 33428Title: SEC
Name: ROMERO, JOHNLEE OD
Address: 29000 PORTOFINO CIRCLE #116
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: BRANDEE MARCIANO

PRES

05/23/2011

Electronic Signature of Signing Officer or Director

Date