2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N08000003869

Entity Name: THE AMERICAN SOCIETY OF OPHTHALMIC REGISTERED NURSES OF FLORIDA, INC.

Current Principal Place of Business:

3551 MAGELLAN CIRCLE 422
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3551 MAGELLAN CIRCLE 422
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 30-0480466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORTICIO, LILY P
3551 MAGELLAN CIRCLE 422
AVENTURA, FL 33180 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: P ( ) Delete
Name: ORTICIO, LILY P
Address: 3551 MAGELLAN CIRCLE 422
City-St-Zip: AVENTURA, FL 33180

Title: ST ( ) Delete
Name: SMITH, NOREEN E
Address: 21215 NW 14TH PLACE 826
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D ( ) Delete
Name: WHITTON, SALLY
Address: 14714 BRECKNESS PLACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete
Name: BROCK, ELOISE
Address: 500 BAYVIEW DRIVE
City-St-Zip: SUNNY ISLE, FL 33160

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:

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: LILY P. ORTICIO PRES 03/21/2009

Electronic Signature of Signing Officer or Director — Date