

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003869

FILED
Feb 27, 2010
Secretary of State

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:

14714 BRECKNESS PLACE
HIALEAH, FL 33016

FEI Number: 30-0480466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Title: ST
Name: BACON, MAGDALENA M
Address: 709 MARIPOSA CIRCLE WEST
City-St-Zip: PEMBROKE PINES, FL 33331

Title: P
Name: WHITTON, SALLY
Address: 14714 BRECKNESS PLACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D
Name: CARRO, AURELIO
Address: 36 VERGUE AVE
City-St-Zip: CORAL GABLES, FL 33134

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: SALLY WHITTON

P

02/27/2010

Electronic Signature of Signing Officer or Director

Date