# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 22, 2011**
**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:**

14714 BRECKNESS PLACE
MIAMI LAKES, FL 33016

**Current Mailing Address:**

14714 BRECKNESS PLACE
HIALEAH, FL 33016

**New Mailing Address:**

14714 BRECKNESS PLACE
MIAMI LAKES, 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:**

WHITTON, SALLY
14714 BRECKNESS PLACE
MIAMI LAKES, FL 33016 US

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: SALLY WHITTON 02/22/2011
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 02/22/2011
Electronic Signature of Signing Officer or Director Date