

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003869

FILED
Apr 11, 2012
Secretary of State

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

Current Principal Place of Business:

14714 BRECKNESS PLACE
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14714 BRECKNESS PLACE
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 30-0480466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTON, SALLY
14714 BRECKNESS PLACE
MIAMI LAKES, FL 33016 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: SMITH, NOREEN MS
Address: 3613 SW 69AVE.
City-St-Zip: MIRAMAR, FL 33023

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

PRES

04/11/2012

Electronic Signature of Signing Officer or Director

Date