

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051319

FILED  
Jan 12, 2010  
Secretary of State

**Entity Name:** THE OPTOMETRIC GROUP OF MID-FLORIDA, P.A.

**Current Principal Place of Business:**

407 AVENUE K, S.E.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

407 AVENUE K, S.E.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 59-3645177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIDSON, JOHN L  
407 AVENUE K, S.E.  
WINTER HAVEN, FL 33880 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ATTAWAY, EDWARD J OD  
Address: 114 WALDEMAR COURT  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D  
Name: TIVNAN, JOHN D  
Address: P.O. BOX 1549 N/A  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D  
Name: BRINTON, THOMAS W  
Address: 3856 GAINES DRIVE, S.E.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D  
Name: DAVIDSON, JOHN L  
Address: 5671 CYPRESS GARDENS ROAD  
City-St-Zip: WINTER HAVEN, FL 33884

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN L. DAVIDSON

DR.

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date