

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051319

FILED
Mar 02, 2011
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

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 DAVIDSON

D

03/02/2011

Electronic Signature of Signing Officer or Director

_____ Date