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: MICHELLE FEKETE	PRESIDENT	02/06/2015

SIGNATURE: MICHELLE FEKETE

Electronic Signature of Signing Officer/Director Detail

Entity Name: THE HILLSBOROUGH SOCIETY OF OPTOMETRISTS, INC. **Current Principal Place of Business:**

10441 LIGHTNER BRIDGE DR TAMPA, FL 33626

Current Mailing Address:

10441 LIGHTNER BRIDGE DR TAMPA, FL 33626 US

FEI Number: 36-4510150

Name and Address of Current Registered Agent:

FEKETE, MICHELLE DR. 10441 LIGHTNER BRIDGE DR TAMPA, FL 33626 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: MICHELLE FEKETE

Electronic Signature of Registered Agent

Officer/Director Detail :

- PRESIDENT Title Name FEKETE, MICHELLE DR. Address 10441 LIGHTNER BRIDGE DR
- City-State-Zip: TAMPA FL 33626

FILED Feb 06, 2015 Secretary of State CC6756904047

Certificate of Status Desired: No

02/06/2015 Date

Date

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200009157

PRESIDENT