

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002539

**Entity Name:** PALM BEACH COUNTY OPTOMETRIC ASSOCIATION, INC.

**FILED**  
**Feb 16, 2015**  
**Secretary of State**  
**CC5252962502**

**Current Principal Place of Business:**

10155 OKEECHOBEE BLVD  
TARGET OPTICAL  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

10155 OKEECHOBEE BLVD  
TARGET OPTICAL  
ROYAL PALM BEACH, FL 33411 US

**FEI Number:** 20-4927383

**Certificate of Status Desired:** No

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

NODLAND, MICHAEL DR.  
10155 OKEECHOBEE BLVD  
TARGET OPTICAL  
ROYAL PALM BEACH, FL 33411 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:** MICHAEL NODLAND, OD

02/16/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name LUZON, ELON DR.  
Address 711 BOCCE CT  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT  
Name NODLAND, MICHAEL DR.  
Address 10155 OKEECHOBEE BLVD  
TARGET OPTICAL  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title VICE PRESIDENT  
Name NILSSON, KELLY H DR.  
Address 16514 96TH TER N  
City-State-Zip: JUPITER FL 33478

Title TRES  
Name CARUSO, BRITNEY DR.  
Address 5900 SR 7  
TARGET OPTICAL  
City-State-Zip: LAKE WORTH FL 33449

*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:** KELLY H NILSSON, OD

VICE PRESIDENT

02/16/2015

Electronic Signature of Signing Officer/Director Detail

Date