2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002539

Entity Name: PALM BEACH COUNTY OPTOMETRIC ASSOCIATION, INC.

FILED Feb 12, 2024 **Secretary of State** 7359168735CC

Current Principal Place of Business:

1788 NORTH JOG ROAD WEST PALM BEACH, FL 33411

Current Mailing Address:

1788 NORTH JOG ROAD

WEST PALM BEACH. FL 33411 US

FEI Number: 20-4927383 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEST PALM BEACH FL 33411

TRUSTEE

MARCIANO, MARK DR. 1788 NORTH JOG ROAD WEST 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: MARK MARCIANO 02/12/2024

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

Officer/Director Detail:

City-State-Zip:

Title

Title **PRESIDENT** Title

HAYES, KARA DR. Name RASEKHI, SARA DR. Name 1788 NORTH JOG ROAD Address 1788 NORTH JOG ROAD Address

City-State-Zip: WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 City-State-Zip:

Title **TREASURER** Title **SECRETARY**

CUELLAR, STEPHANIE DR. Name PANAGOS, ALYSSA DR. Name Address 1788 NORTH JOG ROAD Address 1788 NORTH JOG ROAD WEST PALM BEACH FL 33411

Title TRUSTEE

Name GREEN, NICHOLAS DR. CARACCI, KIMBERLY DR. Name

Address 1788 N JOG RD 1788 NORTH JOG ROAD Address

City-State-Zip: WEST PALM BEACH FL City-State-Zip: WEST PALM BEACH FL 33411

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.

02/12/2024 SIGNATURE: ALYSSA PANAGOS TREASURER