

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002539

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

**Current Principal Place of Business:**

825 WESTWIND DRIVE  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

825 WESTWIND DRIVE  
NORTH PALM BEACH, FL 33408

**FEI Number: 20-4927383**

**Certificate of Status Desired: No**

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

LORELLI, ANTHONY O.D.  
825 WESTWIND DRIVE  
NORTH PALM BEACH, FL 33408 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CFO  
Name LORELLI, ANTHONY O.D.  
Address 825 WESTWIND DRIVE  
City-State-Zip: NORTH PALM BEACH FL 33408

Title PRES  
Name JOSEPH, GLEN O.D.  
Address 21533 HALSTEAD DR.  
City-State-Zip: BOCA RATON FL 33428

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

Title TRES  
Name NODLAND, MICHAEL  
Address 10155 OKEECHOBEE BLVD  
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.*

**SIGNATURE: ANTHONY LORELLI O.D.**

**CFO**

**03/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date