

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003869

Entity Name: THE AMERICAN SOCIETY OF OPHTHALMIC REGISTERED NURSES OF FLORIDA, INC.

Current Principal Place of Business:

14714 BRECKNESS PLACE
MIAMI LAKES, FL 33016

Current Mailing Address:

14714 BRECKNESS PLACE
MIAMI LAKES, FL 33016

FEI Number: 30-0480466

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITTON, SALLY
14714 BRECKNESS PLACE
MIAMI LAKES, FL 33016 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 D
Name SMITH, NOREEN MS
Address 3613 SW 69AVE.
City-State-Zip: MIRAMAR FL 33023

Title TREASURER
Name MERRILL, MARGUERITE
Address 141 N.E. 102 STREET
City-State-Zip: MIAMI SHORES FL 33138

Title P
Name WHITTON, SALLY
Address 14714 BRECKNESS PLACE
City-State-Zip: MIAMI LAKES FL 33016

Title D
Name CARRO, AURELIO
Address 36 VERGUE AVE
City-State-Zip: CORAL GABLES FL 33134

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: SALLY WHITTON

PRESIDENT

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date