2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2014
Secretary of State
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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	Title	TREASURER
Name	SMITH, NOREEN MS	Name	MERRILL, MARGUERITE
Address	3613 SW 69AVE.	Address	141 N.E. 102 STREET
City-State-Zip:	MIRAMAR FL 33023	City-State-Zip:	MIAMI SHORES FL 33138
Title	P	Title	D
Name	WHITTON, SALLY	Name	CARRO, AURELIO
Address	14714 BRECKNESS PLACE	Address	36 VERGUE AVE
City-State-Zip:	MIAMI LAKES FL 33016	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 01/15/2014

Electronic Signature of Signing Officer/Director Detail — Date