

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000051319

**FILED**  
**Feb 13, 2013**  
**Secretary of State**  
**CC8080204168**

**Entity Name:** THE OPTOMETRIC GROUP OF MID-FLORIDA, P.A.

**Current Principal Place of Business:**

407 AVENUE K, S.E.  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

407 AVENUE K, S.E.  
WINTER HAVEN, FL 33880

**FEI Number:** 59-3645177

**Certificate of Status Desired:** No

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

DAVIDSON, JOHN L  
407 AVENUE K, S.E.  
WINTER HAVEN, FL 33880 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 ATTAWAY, EDWARD JOD  
Address 114 WALDEMAR COURT  
City-State-Zip: WINTER HAVEN FL 33884

Title D  
Name TIVNAN, JOHN D  
Address P.O. BOX 1549 N/A  
City-State-Zip: WINTER HAVEN FL 33884

Title D  
Name BRINTON, THOMAS W  
Address 3856 GAINES DRIVE, S.E.  
City-State-Zip: WINTER HAVEN FL 33884

Title D  
Name DAVIDSON, JOHN L  
Address 5671 CYPRESS GARDENS ROAD  
City-State-Zip: WINTER HAVEN FL 33884

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN DAVIDSON

**DIRECTOR**

**02/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date