FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **709169** **(7)**

1. Corporation Name
DADE COUNTY OPTOMETRIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1825 NE 164TH ST N. MIAMI BEACH FL 33162	1825 NE 164TH ST N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1965**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2017621** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21	26		
Suite, Apt #, etc 22	Suite, Apt #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

TESCHER, DR EDWARD
1825 NE 164TH ST
N MIAMI BCH, FL
33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEVITT, ALAN	12 NAME	
STREET ADDRESS	1031 IVES DAIRY ROAD, SUITE 133	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	PED	21 TITLE	☐ Change ☐ Addition
NAME	KUNDL, JOANNE	22 NAME	
STREET ADDRESS	1304 N. KRONE AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	HOLBROOK, STEVEN	32 NAME	
STREET ADDRESS	16400 NW 2 AVENUE	33 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BEACH FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, ALMOND	42 NAME	
STREET ADDRESS	6823 NW 15 AVENEU	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	ROTH, DAVID	52 NAME	
STREET ADDRESS	138 NE 2 AVENUE	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BYER, DANIEL	62 NAME	
STREET ADDRESS	7480 FIARWAY DRIVE	63 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Tescher — April 30, 95 — (305)854-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043777