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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

## DADE COUNTY OPTOMETRIC ASSOCIATION, INC.

## **FILED** Mar 28 1997 8:00am Secretary of State

21 26 59-2017621				
Suite, Apt. #, etc.   So. Certificate of Status Desired   \$8.75   Feel				
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Applied For			
City & State  City & Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation has liability for intangible tax under Florida Statutes  Plorida Statutes  No Name and Address of Current Registered Agent  TESCHER, DR EDWARD  1825 NE 164TH ST  N. MIAMI BEACH FL 33162  Signature  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agont or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment agent and their displacable.  SIGNATURE  Signature  Signature  Ballus, Emillio  This  This  DELETE  11 Title  PED  DELETE  21 TITLE  NORTH MIAMI BEACH FL  11 TITLE  NORTH MIAMI BEACH FL  11 STREET ADDRESS  SIGNAT UPP  NORTH MIAMI BEACH FL  TO PED  DELETE  21 TITLE  DELETE  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  DELETE  21 TITLE  DELETE  DELETE  DELETE  21 TITLE  DELETE	Vot Applicable			
City & State 28    City & State   City & State   City & State   City & State   Country   St. On Adde   Trust Fund Contribution   Adde	Additional Required			
Zip   Country   Zip   Country   Single fund Contribution   Added   Address of Current   Registered Agent   Single fund Country   Single fund Country   Single fundament of registered Agent   Single fundament   Single fund	О мау Ве			
25   29   30   Florida Statutes   Yes   No   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent	lo Fees			
TESCHER, DR EDWARD 1825 NE 164TH ST N. MIAMI BEACH FL 33162  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent a min familiar with, and accept the obligations of, Section 617.0503. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent. a min familiar with, and accept the obligations of, Section 617.0503. Florida Statutes.  SIGNATURE  Signature byred or printed name of impaticable (NOTE Registered Agent signature required when rehististing)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  12. DELETE  11. TITLE  12. DELETE  13. TITLE  14. CITY ST-2P  NORTH MIAMI BEACH FL  14. CITY ST-2P  16400 NW 2ND AV #201  13. STREET ADDRESS  16400 NW 2ND AV #201  13. STREET ADDRESS  17. ST-2P  NORTH MIAMI BEACH FL  14. CITY ST-2P  17. Change  WAME  FELIX, ALONSO  13. STREET ADDRESS  17. ST-2P  17. LA CITY S	s. 199.032,			
TESCHER, DR EDWARD 1825 NE 164TH ST N. MIAMI BEACH FL 33162  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agont, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment of agent, it am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    Signature typed or printed name of tragistered agent and bire if applicable.				
TESCHER, DR EDWARD 1825 NE 164TH ST N. MIAMI BEACH FL 33162  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84 City				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agont, for both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment of agent. Farm familiar with, and accept the obligations of, Sections 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  15. TITLE  16. TO STATE ADDRESS  CITY-S1-7P  NORTH MIAMI BEACH FL  17. STATE ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  CITY-S1-7P  NORTH MIAMI BEACH FL  14. CITY-S1-7P  17. LETTLE  18. CHANGE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  CITY-S1-7P  NORTH MIAMI BEACH FL  14. CITY-S1-7P  17. CHANGE  14. CITY-S1-7P  17. CHANGE  17. CHANGE  17. STATE ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. CITY-S1-7P  NORTH MIAMI BEACH FL  18. CITY-S1-7P  NORTH MIAMI BEACH FL  18. CITY-S1-7P  NORTH MIAMI BEACH FL  19. Change  19. Chan				
N. MIAMI BEACH FL 33162  83  84 City FL 85 Zi  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature typed or presed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when refinishing)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  117 TILE  T DELETE  117 TILE  BALIUS, EMILIO  12 MANE  SIREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  14 CITY-ST-ZIP  ITILE  PED  DELETE  14 TITLE  PED  DELETE  15 TITLE  Change  CHY-ST-ZIP  MIAMI FL  24 CITY-ST-ZIP  TITLE  Change  CHY-ST-ZIP  NORTH MIAMI BEACH FL  TITLE  POD  DELETE  31 TITLE  Change  AME  HOLBROOK, STEVEN  16400 NW 2 AVENUE  19 DELETE  14 TITLE  P  DELETE  14 TITLE  P  DELETE  14 TITLE  P  DELETE  14 TITLE  P  DELETE  15 TITLE  Change  Change  AME  AME  AND STREET ADDRESS				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature typed or protect name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE     12.				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature byted or primed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)   DATE	Code			
SIGNATURE    Signature typed or printed name of registered agent and filte if explicable   (NOTE: Registered Agent Bignature required when relinitating)   DATE				
Title	DRS IN 12			
STREET ADDRESS   16400 NW 2ND AV #201   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP				
CITY-ST-ZIP				
TITLE PED DELETE 21 TITLE Change  NAME FELIX, ALONSO 22 NAME  STREET ADDRESS 1353 CORAL WAY 2.3 STREET ADDRESS  CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP  TITLE VPD DELETE 3.1 TITLE Change  NAME HOLBROOK, STEVEN 3.2 NAME  STREET ADDRESS 16400 NW 2 AVENUE 3.3 STREET ADDRESS  CITY-ST-ZIP NORTH MIAMI BEACH FL 3.4 CRY-ST-ZIP  TITLE P DWARDS, ALMOND 4.2 NAME  STREET ADDRESS 6823 NW 15 AVENEU 4.3 STREET ADDRESS  GREET ADDRESS 6823 NW 15 AVENEU 4.3 STREET ADDRESS				
NAME				
1353 CORAL WAY   2.3 STREET ADDRESS   1353 CORAL WAY   2.4 CITY-ST-ZIP	Addition			
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TITLE SD DELETE 5.1 TITLE Change	Additio			
NAME ROTH, DAVID 5.2 NAME				
STREET ADDRESS 138 NE 2 AVENUE 5.3 STREET ADDRESS				
CITY-ST-ZIP MIAMI FL 5.4 CITY-ST-ZIP	- A 2 2000			
TILLE D Change	Additio			
NAME BYER, DANIEL 62 NAME				
STREET ADDRESS 7480 FIARWAY DRIVE 6.9 STREET ADDRESS CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP				

14. I do hereby certify that the information supplied with this filing 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 or an attachment with an address.

DRIUMED

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR