2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709169

FILED Apr 25, 2005 Secretary of State

Entity Name: DADE COUNTY OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3001 W 12 AVE 521 NE 50TH TERRACE SUITE 9 MIAMI, FL 33137

HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

4871 N.W. 99TH COURT 2140 WEST 68TH STREET

MIAMI, FL 33178 # 405

HIALEAH, FL 33016

FEI Number: 59-2017621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

POMELLA, KERI MOENNICHMEYER, TANJA 3552 MAGELLAN CIR #124 521 NE 50TH TERRACE AVENTURA, FL 33180 US MIAMI, FL 33137 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: TANJA MOENNICHMEYER 04/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DPP () Delete
 Title:
 DPP (X) Change () Addition

 Name:
 POMELLA, KERI
 Name:
 MOENNICHMEYER, TANJA

 Address:
 3552 MAGELLAN CIRCLE
 Address:
 521 NE 50TH TERRACE

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 MIAMI, FL 33137

Title: TD () Delete Title: TD (X) Change () Addition

Name: MOENNICHMEYER, TANJA Name: HUNTER, MEGAN

 Address:
 521 N.E. 50 TERRACE
 Address:
 210 SEAVIEW DRIVE # 309

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:
 KEY BISCAYNE, FL 33149

Title: SD () Delete Title: () Change () Addition

 Name:
 CAPUTO, MICHELLE
 Name:

 Address:
 575 CRANDON BLVD. #904
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 LEVITT, ALAN
 Name:

 Address:
 1031 IVES DAIRY RD SUITE #133
 Address:

 City-St-Zip:
 N. MIAMI BCH, FL 33179
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TANJA MOENNICHMEYER DPP 04/25/2005

Electronic Signature of Signing Officer or Director

Date