2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# 709169

Entity Name: DADE COUNTY OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

521 NE 50TH TERRACE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

2140 WEST 68TH STREET
405
HIALEAH, FL 33016

New Mailing Address:

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

Name and Address of Current Registered Agent:

MOENNICHMEYER, TANJA
521 NE 50TH TERRACE
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DPP	( ) Delete
Name:	MOENNICHMEYER, TANJA	
Address:	521 NE 50TH TERRACE	
City-St-Zip:	MIAMI, FL 33137	
Title:	TD	( ) Delete
Name:	HUNTER, MEGAN	
Address:	210 SEAVIEW DRIVE # 309	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	SD	( ) Delete
Name:	CAPUTO, MICHELLE	
Address:	575 CRANDON BLVD. #904	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	VP	( ) Delete
Name:	LEVITT, ALAN	
Address:	1031 IVES DAIRY RD SUITE #133	
City-St-Zip:	N. MIAMI BCH, FL 33179	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHELLE CAPUTO SD 04/17/2006

Electronic Signature of Signing Officer or Director — Date