2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709169

FILED Jan 30, 2007 Secretary of State

Entity Name: DADE COUNTY OPTOMETRIC ASSOCIATION, INC.

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

521 NE 50TH TERRACE 575 CRANDON BLVD MIAMI, FL 33137

UNIT 904

KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

2140 WEST 68TH STREET # 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:

MOENNICHMEYER, TANJA CAPUTO, MICHELLE 521 NE 50TH TERRACE 575 CRANDON BLVD MIAMI, FL 33137 **UNIT 904**

KEY BISCAYNE, FL 33149 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: MICHELLE K. CAPUTO, OD 01/30/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DPP (X) Change () Addition () Delete MOENNICHMEYER, TANJA CAPUTO, MICHELLE Name: Name:

521 NE 50TH TERRACE Address: 575 CRANDON BLVD, UNIT 904 Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: KEY BISCAYNE, FL 33149

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

HUNTER, MEGAN Name: PERLMAN, ADAM Name: Address: 210 SEAVIEW DRIVE # 309 Address: 8787 NW 10TH STREET City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: PLANTATION, FL 33322

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

CAPUTO, MICHELLE DELMORAL, REBECCA Name: Name: 575 CRANDON BLVD. #904 13932 SW 28TH ST Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: MIAMI, FL 33175

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

Name: LEVITT, ALAN Name: MOENNICHMEYER, TANJA 1031 IVES DAIRY RD SUITE #133 Address: Address: 521 NE 50TH TERRACE City-St-Zip: N. MIAMI BCH, FL 33179 City-St-Zip: MIAMI, FL 33137

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 K. CAPUTO DPP 01/30/2007