2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008
Secretary of State

DOCUMENT# 709169

Entity Name: DADE COUNTY OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

575 CRANDON BLVD
UNIT 904
KEY BISCAYNE, FL 33149

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPUTO, MICHELLE
575 CRANDON BLVD
UNIT 904
KEY BISCAYNE, FL 33149 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: CAPUTO, MICHELLE
Address: 575 CRANDON BLVD, UNIT 904
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD ( ) Delete
Name: PERLMAN, ADAM
Address: 8787 NW 10TH STREET
City-St-Zip: PLANTATION, FL 33322

Title: SD ( ) Delete
Name: DELMORAL, REBECCA
Address: 13932 SW 28TH ST
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Delete
Name: MOENNICHMEYER, TANJA
Address: 521 NE 50TH TERRACE
City-St-Zip: MIAMI, FL 33137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: PEREZ, CARMEN
Address: 900 NW 17TH STREET
City-St-Zip: MIAMI, FL 33136

Title: SD (X) Change ( ) Addition
Name: CHASENS, ELLEN
Address: 1114 COLUMBUS BLVD
City-St-Zip: MIAMI, FL 33134

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

Title: T ( ) Change (X) Addition
Name: PEARLMAN, ADAM
Address: 8787 NW 10TH STREET
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify 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, OD DPP 08/06/2008

Electronic Signature of Signing Officer or Director — Date