2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710089

FILED Mar 19, 2009 Secretary of State

Entity Name: FLORIDA OPTOMETRIC ASSOCIATION, INC.

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

401 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

401 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 US

FEI Number: 59-0836623 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:

FRANKLIN, KENNETH L MR 401 OFFICÉ PLAZA DRIVE TALLAHASSEE, FL 32301 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

WILES, R.ANDREW DR.

2 SAINT JOHNS MEDICAL PK DR

SAINT AUGUSTINE, FL 32086

(X) Change () Addition

() Delete WILES, R.ANDREW DR. Name: Name: 2 SAINT JOHNS MEDICAL PK DR Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip:

Title: DC () Delete Title: (X) Change () Addition TERRY, TUCKER DR. DAVID, ROUSE DR. Name: Name: Address: Address:

88 PINE ISLAND RD #3 10712 INDIAN TRAIL City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: COOPER CITY, FL 333285507

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

BALIUS, EMILIO H DR BALIUS, EMILIO H DR Name: Name: 1097 S LE JEUNE RD 1097 S LE JEUNE RD Address: Address:

City-St-Zip: CORAL GABLES, FL 333142639 City-St-Zip: CORAL GABLES, FL 333142639

Title: DS () Delete Title: DV (X) Change () Addition FREGGER, MICHAEL DR Name: Name: FREGGER, MICHAEL DR

Address: 17 RACETRACK RD Address: 17 RACETRACK RD City-St-Zip: FT WALTON, FL 32547 City-St-Zip: FT WALTON, FL 32547

Title: () Delete Title: (X) Change () Addition TANKE, WILLIAM DR TANKE, WILLIAM DR Name: Name:

2652 GLASBERN CIRCLE 2652 GLASBERN CIRCLE Address: Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: MELBOURNE, FL 32904

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

BOYLE, KENNETH DR BOYLE, KENNETH DR Name: Name: Address: 7905 N WICKHAM RD Address: 7905 N WICKHAM RD MELBOURNE, FL 32940 City-St-Zip: MELBOURNE, FL 32940 City-St-Zip:

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: KENNETH L FRANKLIN D 03/19/2009

Electronic Signature of Signing Officer or Director

Date