2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710089

FILED Jan 07, 2011 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:

WILES, R. ANDREW O.D. 401 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

FREGGER, MICHAEL A O.D. Name: Address: 17 RACETRACK RD, NW City-St-Zip: FT. WALTON BEACH, FL 32547

Title:

Name: FRAUENS, BARRY O.D. Address: 857 NW 126TH AVE City-St-Zip: CORAL SPRINGS, FL 33071

Title:

BOYLE, KENNETH D DR Name: Address: 688 HAWKSBILL ISLAND DR. City-St-Zip: SATELLITE BEACH, FL 32937

Title: DV

ROUSE, DAVID W DR Name: Address: 15908 W STATE RD 84 City-St-Zip: SUNRISE, FL 33326

Title: DC

BALIUS, EMILIO H DR Name: 1097 SW LE JEUNE RD Address: City-St-Zip: CORAL GABLES, FL 33134

Title:

KEPLEY, STEPHEN R DR Name: Address: 1960 25TH AVE, STE 102 VERO BEACH, FL 32960 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: R. ANDREW WILES, O.D. RA 01/07/2011