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Jun 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755898 (4)

1. Corporation Name

PALM BEACH COUNTY OPTOMETRIC SOCIETY, INC.



Principal Place of Business

Mailing Address

211 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435-3839

211 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435-3839

3. Date Incorporated or Qualified
01/14/1981

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

1280 W. Lantana Rd

27

Suite, Apt. #, etc.

22

City & State

27

Lantana, FL

23

Zip

Country

28

33462

Country

USA

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, RAYMOND E.
3385 SOUTH CONGRESS AVENUE
PALM SPRINGS, FL 33461

81 Name

TODD ERICKSON, OD

82 Street Address (P.O. Box Number is Not Acceptable)

1280 W. Lantana Rd

83

84 City

Lantana

FL

85 Zip Code

33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE TODD E. Erickson, President

Todd E. Erickson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME COSTELLO, SANDY
STREET ADDRESS 1280 W LANTANA RD STE 1
CITY-ST-ZIP LANTANA, FL 33462

1.1 TITLE DR ☐ Change ☒ Addition
1.2 NAME TODD ERICKSON
1.3 STREET ADDRESS 1280 W. Lantana Rd
1.4 CITY-ST-ZIP Lantana, FL 33462

TITLE TD ☒ DELETE
NAME DECANIO, SALVATORE M.
STREET ADDRESS 211 E BOYNTON BCH BLVD
CITY-ST-ZIP BOYNTON BCH, FL 00000

2.1 TITLE DR ☐ Change ☒ Addition
2.2 NAME Tamara Maule
2.3 STREET ADDRESS 8903 Glades Rd, Bay A1-4
2.4 CITY-ST-ZIP Boca Raton FL 33434

TITLE D ☒ DELETE
NAME SCHWARTZ, RAYMOND
STREET ADDRESS 3385 S. CONGRESS AVE.
CITY-ST-ZIP PALM SPRINGS FL

3.1 TITLE DR ☐ Change ☒ Addition
3.2 NAME JUDI SCHAPPER
3.3 STREET ADDRESS 510 LAVERS CIR # 364
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature] SECRETARY [Signature] 5/1/97 (61) 477-3521

CR2E037 (9/96)