

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90060 044 ****61.25

DOCUMENT # 755898

1. Entity Name

PALM BEACH COUNTY OPTOMETRIC SOCIETY, INC.

Principal Place of Business

19605 STATE ROAD 7
 D
 BOCA RATON FL 33498
 US

Mailing Address

1900 OKEECHOBEE BLVD
 C10
 WEST PALM BEACH FL 33409
 US

2. Principal Place of Business

1900 Okeechobee Blvd

3. Mailing Address

Suite, Apt. #, etc.

C10

City & State

West Palm Beach

City & State

Zip

33409 USA

Country

4. FEI Number

59-2471857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NASON, MICHAEL S DR
 1900 OKEECHOBEE BLVD.
 C10
 WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	NASON, DR. MICHAEL S	
STREET ADDRESS	1900 OKEECHOBEE BLVD, SUITE 40	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRACHMAN, DR. MARC	
STREET ADDRESS	7108 FAIRWAY DR, SUITE 340	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARTUCCIO, DR. MARY	
STREET ADDRESS	6802 FOREST HILL BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SILVERSTONE, DR. STEVEN	
STREET ADDRESS	7486 SALLY LYNN LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nason, Dr. Michael S.	
STREET ADDRESS	1900 Okeechobee Blvd, Ste C10	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brackman, Dr. Marc.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reiter, Dr. Solene	
STREET ADDRESS	216 E. Sarasota Blvd.	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

Michael S. Nason, O.D. 4/26/02 (56) 471-0888

CR2E037 (9/01)