2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755898

FILED Feb 25, 2004 Secretary of State

Entity Name: PALM BEACH COUNTY OPTOMETRIC SOCIETY, INC.

Current Principal Place of Business:			New Principal Place of Business:	
1900 OKEE SUITE C-10	CHOBEE BLVD.)			
		US		
Current Mailing Address:			New Mailing Address:	
1900 OKEE	CHOBEE BLVD.			
SUITE C-10		He		
	•	US		
FEI Number:	59-2471857 FEI Numbe	er Applied For () FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
NASON, MICHAEL S DR			SILVERSTONE, STEVEN L DR	
1900 OKEECHOBEE BLVD. C10			1900 OKEECHOBEE BLVD. C10	
			WEST PALM BEACH, FL 33409 US	
The above r in the State		statement for the purpose o	of changing its registered	office or registered agent, or both,
SIGNATURE: STEVEN L. SILVERSTONE, O.D.				02/25/2004
	Electronic Signatur	e of Registered Agent		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () Delete BROCKMAN, MARE DR. 7108 FAIRWAY DR. SUITE 3 PALM BEACH GARDENS, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	PD () Delete SILVERSTONE, STEVEN DF 1900 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33	SUITED C-10	Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	VD () Delete REITER, JOLANE DR. 216 E. SARASOTA BLVD. WEST PALM BEACH, FL 33	411 US	Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	TD () Delete MARCIANO, MARK 2610 PROSPERITY OAK SQ PALM BEACH GARDENS, FL		Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	SD () Delete MAZZA, LORI DR. 1951 RICHARD LANE WEST PALM BEACH, FL 33	406	Title: (Name: Address: City-St-Zip:) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN L. SILVERSTONE, O.D. PD 02/25/2004