

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756244

FILED
Mar 16, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA SOCIETY OF OPTOMETRIC PHYSICIANS, INC.

Current Principal Place of Business:

1495 W HWY 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1495 W HWY 434
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-1860864 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZORN, STEVEN J.
1495 W HWY 434
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PERRY, MARK DR
Address: 2752 E SR 50
City-St-Zip: ORLANDO, FL 32701

Title: D
Name: SMITH, KIRK
Address: 948 N PINE HILLS RD
City-St-Zip: ORLANDO, FL

Title: T
Name: STEVEN, ZORN
Address: 227 MOUNTS BAY CT
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: DEN BESTE, BRIAN
Address: 121 W. UNDERWOOD
City-St-Zip: ORLANDO, FL

Title: P
Name: COAN, MARK DR
Address: 10101 WSR 50
City-St-Zip: OCOEE, FL 34761

Title: D
Name: STERLING, ALICE DR
Address: 5725 CANTON COVE #11
City-St-Zip: WINTER SPRINGS, FL 32708

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: STEVEN J ZORN

TRES

03/16/2011

Electronic Signature of Signing Officer or Director

Date