

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 758323 (0)
1. Corporation Name
NATIONAL EXAMINING BOARD OF OCULARISTS, INC.Principal Place of Business
3725 NATIONAL DRIVE
SUITE 211
RALEIGH NC 27612-1
Mailing Address
3725 NATIONAL DRIVE
SUITE 211
RALEIGH NC 27612-48793. Date Incorporated or Qualified
05/13/1981
3a. Date of Last Report
01/31/19962. Principal Place of Business
21 625 FIRST AVENUE, STE 220
Suite, Apt. #, etc.2a. Mailing Address
26 625 FIRST AVENUE, STE. 220
Suite, Apt. #, etc.22
City & State
23 CORALVILLE, IA27
City & State
28 CORALVILLE, IA24 52241-2101
Zip Country
25 USA29 52241-2101
Zip Country
30 USA4. FEI Number
59-2125778
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYATT, DAVID R
% L&B LABORATORIES, INC.
3403 POWERLINE RD., STE. 806
FT. LAUDERDALE FL 3330981 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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
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
NAME JOHN J. KELLY
STREET ADDRESS 101 W. READ STREET STE 817
CITY-ST-ZIP BALTIMORE MD 212011.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE
NAME VCD BULGARELLI, DAVE
STREET ADDRESS 625 FIRST AVE.
CITY-ST-ZIP CORALVILLE IA 522412.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE
NAME CD DANZ, PHILIP
STREET ADDRESS 1728 PROFESSIONAL DR.
CITY-ST-ZIP SACRAMENTO CA 958253.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE
NAME VCD WALTER JOHNSON
STREET ADDRESS 14 INVERNESS DRIVE EAST-Bldg D #146
CITY-ST-ZIP ENGLEWOOD, CO 801124.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

410-7220790

CR2E037 (9/96)