
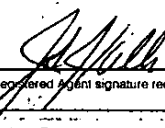


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90018 032 \*\*\*\*61.25

<b>DOCUMENT # 758323</b> 1. Entity Name NATIONAL EXAMINING BOARD OF OCULARISTS, INC.					
Principal Place of Business 625 FIRST AVENUE SUITE 220 CORALVILLE, IA 52241-2101			Mailing Address 625 FIRST AVENUE SUITE 220 CORALVILLE, IA 52241-2101		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WYATT, DAVID R % L&B LABORATORIES, INC. 3403 POWERLINE RD., STE. 806 FT. LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>John J. Kelley</u>		 (NOTE: Registered agent signature required when reinstating)		DATE <u>4/5/05</u>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete		TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	BULGARELLI, VAUNE		NAME		
STREET ADDRESS	625 1ST AVE STE 200		STREET ADDRESS		
CITY-ST-ZIP	CORALVILLE, IA 52241		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	COTTON, ANGELA		NAME		
STREET ADDRESS	505 MEDLOCK RD.		STREET ADDRESS		
CITY-ST-ZIP	DECATUR, GA 30030		CITY-ST-ZIP		
TITLE	VC <input checked="" type="checkbox"/> Delete		TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad	
NAME	DEAN, TOM		NAME	John J. Kelley, Jr.	
STREET ADDRESS	1538 SHERBROOKE ST W STE 852		STREET ADDRESS	101 W. Read St. Ste. 415	
CITY-ST-ZIP	MONTREAL, CA h3g115		CITY-ST-ZIP	Baltimore, Maryland 21201	
TITLE	<input type="checkbox"/> Delete		TITLE	Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad	
NAME			NAME	Robert Thomas	
STREET ADDRESS			STREET ADDRESS	1900 Kirby Parkway Ste. 102	
CITY-ST-ZIP			CITY-ST-ZIP	Memphis, TN 38138	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 10 or Block changed, or on an attachment with an address, with all other like empowered.					