

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758323

FILED
Jan 27, 2006
Secretary of State

Entity Name: NATIONAL EXAMINING BOARD OF OCULARISTS, INC.

Current Principal Place of Business:

625 FIRST AVENUE
SUITE 220
CORALVILLE, IA 522412101

New Principal Place of Business:

Current Mailing Address:

625 FIRST AVENUE
SUITE 220
CORALVILLE, IA 522412101

New Mailing Address:

FEI Number: 59-2125778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYATT, DAVID R
% L&B LABORATORIES, INC.
3403 POWERLINE RD., STE. 806
FT. LAUDERDALE, FL 33309 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: S () Delete
Name: BULGARELLI, VAUNE
Address: 625 1ST AVE STE 200
City-St-Zip: CORALVILLE, IA 52241

Title: C () Delete
Name: COTTON, ANGELA
Address: 505 MEDLOCK RD.
City-St-Zip: DECATUR, GA 30030

Title: T () Delete
Name: KELLEY, JOHN J JR
Address: 101 W READ ST STE 415
City-St-Zip: BALTIMORE, MD 21201

Title: VC () Delete
Name: THOMAS, ROBERT
Address: 1900 KIRBY PKWY STE 102
City-St-Zip: MEMPHIS, TN 38138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN J. KELLEY

OFFI

01/27/2006

Electronic Signature of Signing Officer or Director

Date