

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758323

**FILED**  
**Jan 05, 2011**  
**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: CHAI  
Name: BULGARELLI, VAUNE  
Address: 625 1ST AVE STE 200  
City-St-Zip: CORALVILLE, IA 52241

Title: SEC  
Name: MACLEAN, JOHN  
Address: 4581 BENTLY PLACE  
City-St-Zip: DELUTH, GA 30096

Title: TRES  
Name: KELLEY, JOHN J JR  
Address: 1107 KENILWORTH DRIVE SUITE 310  
City-St-Zip: TOWSON, MD 21204

Title: VCH  
Name: THOMPSON, JEAN  
Address: 4118 MCCULLOUGH SUITE 16  
City-St-Zip: SAN ANTONIO, TX 78212

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: JOHN KELLEY TREAS

TREA

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date