

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90220 028 ****61.25

DOCUMENT # 758323

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

4. FEI Number **59-2125778**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WYATT, DAVID R
% L&B LABORATORIES, INC.
3403 POWERLINE RD., STE. 806
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **JOHN J. KELLY**
STREET ADDRESS **101 W. READ STREET STE 817**
CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE **VCPD** ☐ Delete
NAME **COTTON, ANGELA**
STREET ADDRESS **505 MEDLOCK RD.**
CITY-ST-ZIP **DECATUR GA 30030**

TITLE **TD** ☒ Delete
NAME **HILL, GARY**
STREET ADDRESS **5225 OVERBROOK**
CITY-ST-ZIP **SACRAMENTO CA 95841**

TITLE **VICE CHAIR** ☐ Delete
NAME **TOM DEAN**
STREET ADDRESS **1538 SHERBROOKE ST. W. STE 852**
CITY-ST-ZIP **MONTREAL, P.Q., CANADA H3G1L5**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD CHAIRWOMAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/03

410-797-0790

CR2E037 (10/02)