2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758759

FILED Feb 19, 2007 Secretary of State

Entity Name: PROFESSIONAL OPTICIANS OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1947 GREENWOOD DR US TALAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** 1947 GREENWOOD DR TALAHASSEE, FL 32303 US FEI Number: 59-2114923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, MARK A 1947 GREENWOOD DR TALLAHASSEE, FL 32303 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SIMMONS, RONALD J GALVIN, DEE Name: Name: 8301 SW 57TH STREET Address: P.O. BOX 622219 Address: City-St-Zip: DAVIE, FL 33328 City-St-Zip: OVIEDO, FL 32732 Title: () Delete Title: (X) Change () Addition Name: DEE, HAM Name: GIBSON, WESLEY Address: 1696 ONON DAGO Address: 1022 COUNTRYSIDE COURT City-St-Zip: GENEVA, FL 32732 City-St-Zip: FORT WALTON BEACH, FL 32547 Title: () Delete Title: (X) Change () Addition GOLDBERG, WALTER SIMMONS, RONALD J Name: Name: 10808 MORNINGSTAR DRIVE Address: Address: 8301 SW 57TH STREET City-St-Zip: COOPER CITY, FL City-St-Zip: DAVIE, FL 33328 () Delete Title: Title: () Change () Addition Name: CAMPBELL, JERRY Name: 1982 S US HIGHWAY 1, SUITE 101 Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: () Delete Title: () Change () Addition MAGLIONE, MAUREEN Name: Name: 2518 JAMAICA STREET Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition MILLER, MARK A Name: Name: Address: 1947 GREENWOOD DRIVE Address: TALLAHASSEE, FL 32303 City-St-Zip: 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: MARK A. MILLER ED 02/19/2007