

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 758786 1. Entity Name PINELLAS OPTOMETRIC ASSOCIATION, INC.	
---	---

Principal Place of Business 5712 5TH AVE N. ST. PETERSBURG, FL 33710	Mailing Address 5712 5TH AVE N. ST. PETERSBURG, FL 33710
--	--



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

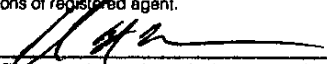
4. FEI Number 59-2950532	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MASON, JOHN H DR.
5712 5TH AVE N.
ST. PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

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.

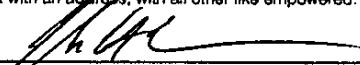
SIGNATURE:  DATE: 1-3-07
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000581379 01/10/07-80085-010 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARNO, NEVINE 8657 LONGWOOD DR LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETITO, G. TIMOTHY 8695 4TH STREET NORTH ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSENZA, ELLIOT 5185 KENWOOD CT. PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASON, JOHN 5712 5TH AVE N. ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN, CLAUDE 8982 SEMINOLE BLVD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARREIRO, FRANCIS 1970 E BAY DR LARGO, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 1-3-07 DAYTIME PHONE: 727-344-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR