2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 758786

Entity Name: PINELLAS OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

5712 5TH AVE N.
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

5712 5TH AVE N.
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-2950532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MASON, JOHN H DR.
5712 5TH AVE N.
ST. PETERSBURG, FL 33710 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:	D	( ) Delete
Name:	SARNO, NEVINE	
Address:	8657 LONGWOOD DR	
City-St-Zip:	LARGO, FL 33777	
Title:	D	( ) Delete
Name:	PETITO, G. TIMOTHY	
Address:	8695 4TH STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:	P	( ) Delete
Name:	COSENZA, ELLIOT	
Address:	5185 KENWOOD CT.	
City-St-Zip:	PALM HARBOR, FL 34685 36	
Title:	T	( ) Delete
Name:	MASON, JOHN	
Address:	5712 5TH AVE N.	
City-St-Zip:	ST. PETERSBURG, FL 33710	
Title:	D	( ) Delete
Name:	MCMULLEN, CLAUDE,	
Address:	8982 SEMINOLE BLVD	
City-St-Zip:	SEMINOLE, FL	
Title:	D	( ) Delete
Name:	BARREIRO, FRANCIS,	
Address:	1970 E BAY DR	
City-St-Zip:	LARGO, FL	

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:	
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 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 H. MASON TREA 01/20/2009

Electronic Signature of Signing Officer or Director — Date