2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2006 8:00 am Secretary of State

DOCUMENT # 760452 1. Entity Name NORTHWEST FLORIDA OPTOMETRIC ASSOCIATION, INC.								90231 0		01.23	
		DR JU 2567) Address Dith A. Clay, OD Capital Medical NHASSEE, FL 323	l BLVD.	JS						
2. Principal P	lace of Business	3. Maili	ng Address	•							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03152006	Chg-NP	CR2E03	7 (11/05)		
City & Stat	e	City & State				4. FEI Number 59-2430384			<u> </u>	oplied For ot Applicable	
Zip	Country Zip			Cou	ntry	5. Certificate of	Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registere	d Agent		Name	7. Name and A	ddress of New Re	gistered A	gent		
CLAY, JUDITH A 2567 CAPITAL MEDJCAL BLVD					Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32308											
					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										and accept	
the obligations of registered agent.											
SIGNATURE Signature, typied or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to									10		
Due by May 1, 2006 Trust Fund Contribut					Added to Fees			ment of S			
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHAP	NGES TO OFFICER	S AND DIF			
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Judith A. Clay, OB Treasurer

SIGNATURE: \(\sigma\)