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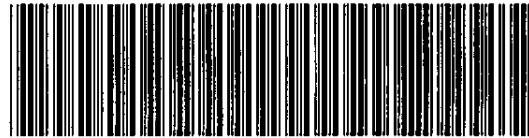
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W11-44518

Office Use Only



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08/25/11--01013--001 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

1/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Academy of Optometry, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jana Kurtz
Name of Person

American Academy of Optometry, Inc.
Firm/Company

6110 Executive Boulevard

Suite 506
Address

Rockville, MD 20852
City/State and Zip Code

janak@aaoptom.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lois Schoenbrun at (301) 984-1441 x3086
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2011

JANA KURTZ
6110 EXECUTIVE BOULEVARD
SUITE 506
ROCKVILLE, MD 20852

SUBJECT: AMERICAN ACADEMY OF OPTOMETRY, INC.
Ref. Number: W11000044518

We have received your document for AMERICAN ACADEMY OF OPTOMETRY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 311A00019994

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. American Academy of Optometry, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. District of Columbia 3. 41-1227642
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 10, 1929 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Not applicable
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 6110 Executive Boulevard, Suite 506, Rockville, MD 20852
(Principal office address)
6110 Executive Boulevard, Suite 506, Rockville, MD 20852
(Current mailing address)
8. non-profit professional association
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip Code)

17 SEP - 9 PM 5:24
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TALLAHASSEE, FLORIDA

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AND
FILED

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Mark Brinkman
Vice President and Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

11 SEP -9 PM 5:24

A. DIRECTORS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Lois Schoenbrun*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lois Schoenbrun, Executive Director
(Typed or printed name and capacity of person signing application)

Board of Directors Contact Information

American Academy of Optometry 2011- 2012 Board List			
Title	Name and Address	Phone/fax	email
President	Karla Zadnik College of Optometry The Ohio State University 338 West 10 th Ave. Columbus, OH 43210-1240	Phone: 614-292-6603 Fax: 614-292-4705 Cell: 614-580-7267	kzadnik@optometry.osu.edu
President-Elect	Bernard Dolan Eye Clinic, 112-A VA Medical Center 4150 Clement Street San Francisco, CA 94121	Phone: 415-221-4810, ext. 2683 Fax: 415-750-2181 Cell: 650-703-1648	Bernard.dolan@med.va.gov
Secretary-Treasurer	Brett G. Bence Northwest Eye Surgeons 10330 Meridian Avenue, North Suite 370 Seattle, WA 98133-9451	Seattle Phone: 206-528-6000 Fax: 206-522-1479 Mt. Vernon Phone: 360-428-2020 Fax: 360-428-6918 Bellingham Phone: 360-676-6233 Fax: 360-676-6298 Cell: 425-512-1035	bbence@nweyes.com
Immediate Past-President	Mark W. Eger 1501 State Avenue Coraopolis, PA 15108	Phone: 412-264-8830 Fax: 412-269-7766 Cell: 412-480-7226	MarkEger@verizon.net susaneger@verizon.net
Board Member	Dr. Barbara Caffery Yorkville Eye Clinic 33 Avenue Road Toronto, Ontario M5R 2G3 Canada	Phone: 416-921-2375 Home: 416-929-8918	dr.b.caffery@gmail.com
Board Member	Dr. Michael G. Harris 2300 Heritage Hills Dr. Pleasant Hills, CA 94523	phone: 925 938 1963 fax: 925 938 1963 cell: 925 998 4748	mharris@berkeley.edu
Board Member	Timothy McMahon 200 University Avenue West Waterloo, ON N2L 3G1 CANADA	Office: 519-888-4567 Cell: 519-574-0035 Fax: 519-725-0624	Tim.mcmahon@uwaterloo.ca
Board Member	Joseph P. Shovlin 1308 Oakmont Road Clarks Summit, PA 18411 (home)	Phone: 570-587- 5186 (Mon, Wed morning, F) Phone: 570-342-3145 (T, W afternoon, Th.) Fax: 570-344-1309 Cell: 570-575-2231 Home: 570-587-4768	jpshovlin@gmail.com
Executive Director/Staff Liaison	Lois Schoenbrun	Phone: 301-984-1441 ext. 3086 direct - 240-880-3086 Fax: 301-984-4737 Cell: 301-537-6096	loiss@aaoptom.org

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPROVED
 AND

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



CERTIFICATE

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on 05/10/1929 00:00:00 Articles of Incorporation of:

AMERICAN ACADEMY OF OPTOMETRY, INC.

The above named corporation is duly incorporated and existing pursuant to and by virtue of the Nonprofit Corporation Act of the District of Columbia and authorized to conduct its affairs in the District of Columbia as of the date mentioned above.

WE FURTHER CERTIFY that the above entitled corporation is at the time of issuance of this certificate in Good Standing, according to the records of the Corporations Division, having filed all reports as required by the District of Columbia Nonprofit Corporation Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of **08/02/2011 16:04:44**



Business and Professional Licensing Administration

PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Vincent C. Gray
Mayor

Tracking #: ILFY1YU8T0

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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