

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90080 022 ***150.00

DOCUMENT # L65279

1. Corporation Name
OPTOMETRIC ASSOCIATES OF FLORIDA, P.A.



Principal Place of Business
9644 SCENIC DR
PORT RICHEY FL 34668
US

Mailing Address
7209 BRYAN DAIRY RD
LARGO FL 34647-1505
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1990

4. FEI Number

59-3000377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 7360 BRYAN DAIRY ROAD
Suite, Apt. #, etc.

22 City & State

27 SUITE 200
City & State

23 Zip

Country

28 LARGO, FL
City & State

24 Zip

25 Country

29 33777
Zip

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DARRELL C
101 EAST KENNEDY BOULEVARD
SUITE 2800
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME GILLETTE, THEODORE
STREET ADDRESS 7209 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL 33777

1.1 TITLE DPS ☐ Change ☒ Addition
1.2 NAME GILETTE, THEODORE
1.3 STREET ADDRESS 7360 BRYAN DAIRY ROAD, SUITE 200
1.4 CITY-ST-ZIP LARGO, FL 33777

TITLE ~~DVP~~ ☒ DELETE
NAME ~~SANCHEZ, RICHARD~~
STREET ADDRESS ~~7209 BRYAN DAIRY RD~~
CITY-ST-ZIP ~~LARGO FL 33777~~

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~DT~~ ☒ DELETE
NAME ~~WELCH, RICHARD~~
STREET ADDRESS ~~7209 BRYAN DAIRY ROAD~~
CITY-ST-ZIP ~~LARGO FL 33777~~

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0422833