

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000002766

**FILED**  
**Mar 07, 2005**  
**Secretary of State**

**Entity Name:** NORTHEAST FLORIDA OPTOMETRIC SOCIETY, INC.

**Current Principal Place of Business:**

2 ST. JOHN MEDICAL PARK DR., STE. 1  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

831 A N 3RD STREET  
JACKSONVILLE BCH, FL 32250

**Current Mailing Address:**

2 ST. JOHN MEDICAL PARK DR., STE. 1  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 02-0654116      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILES, R. ANDREWS  
2 ST. JOHN MEDICAL PARK DR., STE. 1  
ST. AUGUSTINE, FL 32086      US

**Name and Address of New Registered Agent:**

STAM, ROBERT  
4344 BLUE HERON DR  
PONTE VEDRA BCH, FL 32082      US

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: ROBERT STAM

03/07/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: LENNON, JOHN  
Address: 2504 CRILL AVE  
City-St-Zip: PALATKA, FL 32177

Title: PED      ( ) Delete  
Name: HORNING, JAMES O.D.  
Address: 9930 MARGATE HILLS RD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD      ( ) Delete  
Name: JOHNSON, LYNN OD  
Address: 8626 BAYMEADOWS RD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS      ( ) Delete  
Name: REED, JOANNE OD  
Address: 11625 BRUSH RIDGE CIR S.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: T      ( ) Delete  
Name: WILES, ANDREW OD  
Address: 2 ST. JOHN MEDICAL PARK DR., STE. 1  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: HOUSTON, GIL O.D.  
Address: 2504 CRILL AVE  
City-St-Zip: PALATKA, FL 32177

Title: PE      (X) Change ( ) Addition  
Name: STAM, BRYAN O.D.  
Address: 831 A N 3RD ST  
City-St-Zip: JACKSONVILLE BCH, FL 32250

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 for the exemption stated in Section 119.07(3)(i), 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: BRYAN STAM

PE

03/07/2005

Electronic Signature of Signing Officer or Director

Date