

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002766

FILED
May 01, 2008
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:

Current Mailing Address:

831 A N 3RD STREET
JACKSONVILLE BCH, FL 32250

New Mailing Address:

905 BEACH BLVD STE B
JACKSONVILLE BCH, FL 32250

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:

STAM, ROBERT
4344 BLUE HERON DR
PONTE VEDRA BCH, FL 32082 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: P () Delete
Name: STAM, BRYAN O.D.
Address: 104 NINA CT
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: PE () Delete
Name: ROSENBAUM, MARY O.D.
Address: 831 A N 3RD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: T () Delete
Name: PATEL, MANISH 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: () 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: BRYAN STAM

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date