

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00692

FILED
Jan 29, 2011
Secretary of State

Entity Name: WEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

1040 GULF BREEZE PARKWAY
SUITE 210
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

1040 GULF BREEZE PARKWAY
SUITE 210
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 59-2909114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAY, SUZANNE M OD
1040 GULF BREEZE PARKWAY
SUITE 210
GULF BREEZE, FL 32561 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: DR
Name: STREETER, THOMAS
Address: 1403 GRANDVIEW DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: DR.
Name: STREETER, SHARON M
Address: 1403 GRANDVIEW DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: DR
Name: BEYER, TRACY
Address: 7008 STARFISH COURT
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: DR
Name: HOOK, NEIL
Address: 8158 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566

Title: DR
Name: DAY, SUZANNE M
Address: 2659 EDMUND DRIVE
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE M. DAY

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01/29/2011

Electronic Signature of Signing Officer or Director

Date