2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00692

FILED Feb 09, 2012 Secretary of State

Entity Name: WEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1040 GULF BREEZE PARKWAY 2256 W. NINE MILE RD

SUITE 210

GULF BREEZE, FL 32561 US PENSACOLA, FL 32534 US

Current Mailing Address: New Mailing Address:

1040 GULF BREEZE PARKWAY 2256 W. NINE MILE RD

SUITE 210 B
GULF BREEZE. FL 32561 US PENSACOLA. FL

GULF BREEZE, FL 32561 US PENSACOLA, FL 32534 US

FEI Number: 59-2909114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DAY, SUZANNE M OD

1040 GULF BREEZE PARKWAY

SUITE 210

GULF BREEZE, FL 32561 US

MAJOR, JENNIFER H OD
2256 W. NINE MILE RD
B
PENSACOLA, FL 32534 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: JENNIFER MAJOR 02/09/2012

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: MAJOR, JENNIFER H SEC Address: 2256 W. NINE MILE RD City-St-Zip: PENSACOLA, FL 32534

Title: DR

Name:

DR

HOOK, NEIL

Address: 8158 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566

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: JENNIFER HAM MAJOR SEC 02/09/2012