2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2006
Secretary of State

DOCUMENT# N01000002527

Entity Name: PALM BEACH COUNTY OPHTHALMOLOGY SOCIETY, INC.

Current Principal Place of Business:

16201 S MILITARY TR
DELRAY, FL 334840704

New Principal Place of Business:

Current Mailing Address:

16201 S MILITARY TR
DELRAY, FL 334840704

New Mailing Address:

FEI Number: 65-1098105 **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:

BARDT, LESLIE
16201 S MILITARY TR
DELRAY, FL 33484 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: LESLIE BARDT
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: JEWELEWICZ, DANIEL A MD
Address: 16201 S MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33484

Title: PD ( ) Delete
Name: SOSSI, NUNZIO MD
Address: 130 BUTLER STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD ( ) Delete
Name: CANO, DAVID B MD
Address: 2068 PALM BEACH LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL 33409

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL JEWELEWICZ, MD PRES 10/16/2006
Electronic Signature of Signing Officer or Director — Date