

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002527

FILED
Jan 06, 2007
Secretary of State

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:

P.O. BOX 32264
PALM BEACH GARDENS, FL 334202264 US

Current Mailing Address:

16201 S MILITARY TR
DELRAY, FL 334840704

New Mailing Address:

P.O. BOX 32264
PALM BEACH GARDENS, FL 334202264 US

FEI Number: 65-1098105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JEWLEWICZ, 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HABASH, RANYA MD
Address: 9325 GLADES ROAD, SUITE 201
City-St-Zip: BOCA RATON, FL 33434

Title: VD (X) Change () Addition
Name: KOHL, DOUGLAS MD
Address: 950 NW 13TH. STREET
City-St-Zip: BOCA RATON, FL 33432

Title: TD (X) Change () Addition
Name: KELLY, KEVIN MD
Address: 15942 CYPRESS PARK DR
City-St-Zip: WELLINGTON, FL 33414

Title: ED () Change (X) Addition
Name: KUHR, KEITH
Address: 5 BLENHEIM COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: KEITH KUHR

ED

01/06/2007

Electronic Signature of Signing Officer or Director

Date