## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002527

FILED Jan 05, 2011 Secretary of State

Entity Name: PALM BEACH COUNTY OPHTHALMOLOGY SOCIETY, INC.

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

5 BLENHEIM COURT

PALM BEACH GARDENS, FL 33418 US

Current Mailing Address: New Mailing Address:

P.O. BOX 32264 PO BOX 32264

PALM BEACH GARDENS, FL 334202264 US 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: Name and Address of New Registered Agent:

KUHR, KEITH KEITH STEIL FINISHE STEIL FINISH STEIL FINISH

5 BLENHEIM COURT 5 BLENHEIM COURT

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 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: KEITH KUHR 01/05/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: GOLDMAN, DAVID A MD Address: 7101 FAIRWAY DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VD

 Name:
 SHUSTER, ALAN R MD

 Address:
 2055 MILITARY TRAIL #307

 City-St-Zip:
 JUPITER, FL 33458 US

Title: TD

 Name:
 KELLY, KEVIN T MD

 Address:
 15942 CYPRESS PARK DR

 City-St-Zip:
 WELLINGTON, FL 33414 US

Title: ED

Name: KEITH, KEITH K Address: 5 BLENHEIM COURT

City-St-Zip: PALM BEACH GARDENS, FL 33418

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: KEITH KUHR ED 01/05/2011