

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003236

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** MIAMI DADE OPTOMETRIC PHYSICIANS ASSOCIATION INC.

**Current Principal Place of Business:**

1097 LEJEUNE ROAD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1097 LEJEUNE ROAD  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-4581369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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:** D,P  
**Name:** VERXAGIO, RYAN OD  
**Address:** 1097 LEJEUNE RD  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D,VP  
**Name:** STELZER, ADAM L OD  
**Address:** 1097 LEJEUNE RD  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D,T  
**Name:** HERRERA, ERICKA OD  
**Address:** 1097 LEJEUNE RD  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D,S  
**Name:** BOLLAR, TERESITA OD  
**Address:** 1097 LEJEUNE RD  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** MOENNICHMEYER, TANJA OD  
**Address:** 1097 LEJEUNE RD  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** TORRES, FELIX OD  
**Address:** 1097 LEJEUNE ROAD  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** RYAN VERXAGIO

D,P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date