

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003236

FILED
Apr 08, 2012
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: P
Name: STELZER, ADAM L OD
Address: 1097 LEJEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: BOLLAR, TERESITA A OD
Address: 1097 LEJEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

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

Title: S
Name: CASTELLANOS, GIANNIE OD
Address: 1097 LEJEUNE RD
City-St-Zip: CORAL GABLES, FL 33134

Title: PP
Name: VERXAGIO, RYAN OD
Address: 1097 LEJEUNE RD
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: ERICKA V HERRERA

T

04/08/2012

Electronic Signature of Signing Officer or Director

Date