

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20559

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA SOCIETY OF OPHTHALMOLOGY, INC.

**Current Principal Place of Business:**

4624 HALDER LN  
ORLANDO, FL 32814

**New Principal Place of Business:**

**Current Mailing Address:**

4624 HALDER LN  
ORLANDO, FL 32814

**New Mailing Address:**

**FEI Number:** 59-2862159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAUT, ROBERT  
4624 HALDER LN  
ORLANDO, FL 32814 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 ( ) Delete  
Name: KRAUT, ROBERT  
Address: 4624 HALDER LN  
City-St-Zip: ORLANDO, FL 32814

Title: V ( ) Delete  
Name: FLUD, JACQUELINE  
Address: 3195 CITRUS TOWER BLVD  
City-St-Zip: CLERMONT, FL

Title: T ( ) Delete  
Name: THOMAS, VICTOR  
Address: 1781 PARK CENTER DR  
City-St-Zip: ORLANDO, FL 32835

**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 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: VICTOR THOMAS

T

01/21/2009

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

\_\_\_\_\_  
Date