

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20559

FILED
Jan 18, 2010
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
Name: KRAUT, ROBERT
Address: 4624 HALDER LN
City-St-Zip: ORLANDO, FL 32814

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

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

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: VICTOR THOMAS

DR

01/18/2010

Electronic Signature of Signing Officer or Director

Date