

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20559

**FILED**  
**Apr 19, 2012**  
**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 B THOMAS

T

04/19/2012

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

\_\_\_\_\_  
Date