CORP	NPROFIT PORATION			PARTMENT OF STATE			
	AL REPORT			etary of State			
1	996		DIVISION O	F CORPORATIONS	_		
	1ENT #	N21490	(0)				
Ophtha	ALMOLOGICAL	SOCIETY OF	gainesville, ing	C.			
cipal Place o	of Business		Mailing Address				
	NE. SUITE 306 ND AVENUE #306 FL 32601		720 SW 2ND AVE, SK 720 SW SECOND AV Gainesville FL 326	ENUE #306	3. Date Incorporated or Qualified	3a. Date of Last R	
viscinal Disc		·	2a. Mailing Address		06/15/1987 4. FEI Number	03/24/19	95 oplied For
	ce of Business		26		59-1450152		ot Applicable Additional
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	L) Fee R	beriupe
City & State		-	City & State 28		6. Election Campaign Financing Trust Fund Contribution	L Added	May Be to Fees
Zip	Co 25	untry	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes] Yes 🕵 No	99.032,
		Idress of Current R		81 Name	10. Name and Address of New Re	egistered Agent	
GAINESVI Pursuant to	ad accent or both in	Sections 617.0502 an	Such change was autho	mized by the cordoration s due	pration submits this statement for the purp and of directors. I hereby accept the appo	FL	Code gistered offic agent. I am
Pursuant to or registere familiar with	LLE FL 32601	ections 617.0502 an the State of Florida. bligations of, Section	Such change was autho 617.0503, Florida Statul	84 City tutes, the above-named corporized by the corporation's boates.		FL pose of changing its re intment as registered a	oistered offic
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