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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22068 (3)

1. Corporation Name

TAMPA OPHTHALMIC PERSONNEL SOCIETY, INC.

Principal Place of Business

Mailing Address

% LISA RODGERS
707 STILLVIEW CIRCLE
BRANDON FL 33510-2146% LISA RODGERS
707 STILLVIEW CIRCLE
BRANDON FL 33510-21463. Date Incorporated or Qualified
08/17/19873a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODGERS, LISA
707 STILLVIEW CIRCLE
BRANDON FL 33510-2146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RODGERS, LISA	
STREET ADDRESS	707 STILLVIEW CIRCLE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, SHARON	
STREET ADDRESS	4709 SINGING STREAM WAY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HULPAU, KIMBERLY	
STREET ADDRESS	8649 N.HIMES, #1318	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	WEST, ANITA	
STREET ADDRESS	5310 MADISON LAKE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McQuown, Roger	
1.3 STREET ADDRESS	4635 Kings Point Court	
1.4 CITY-ST-ZIP	Lakeland, FL 33813	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sherouse, Susan	
2.3 STREET ADDRESS	36721 Audrey Rd	
2.4 CITY-ST-ZIP	Dade City, FL 33525	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LeGer, Wanda	
3.3 STREET ADDRESS	2120 Duff Road, #132	
3.4 CITY-ST-ZIP	Lakeland, FL 33809	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bassford, Vickie	
4.3 STREET ADDRESS	4211 Mossy Oak Drive	
4.4 CITY-ST-ZIP	Lakeland, FL 33810	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roger McQuown, President TOPS 1/15/97 (941) 680-7155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045408

CR2E037 (9/96)