2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005
Secretary of State

DOCUMENT# N22068

Entity Name: TAMPA OPHTHALMIC PERSONNEL SOCIETY, INC.

Current Principal Place of Business:

ROGER MCQUOWN
4635 KINGS POINT
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

ROGER MCQUOWN
4635 KINGS POINT
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-2855991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCQUOWN, ROGER
4635 KINGS POINT CT
LAKELAND, FL 33813 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: DS ( ) Delete
Name: BASSFORD, VICKIE
Address: 111 BUCKHORN RUN
City-St-Zip: LAKELAND, FL 33809

Title: DP ( ) Delete
Name: MCGEE, KEVIN
Address: 2824 COUNTRYSIDE BLVD. #315
City-St-Zip: CLEARWATER, FL 33761

Title: DT ( ) Delete
Name: WILLIAMS, ELAINE
Address: 6177 SUN BLVD. #502
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: DVP ( ) Delete
Name: MAUREEN, BAUER
Address: 1735 NORTHVIEW ROAD
City-St-Zip: LARGO, FL 33770

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VICKIE BASSFORD DS 05/16/2005
Electronic Signature of Signing Officer or Director — Date