2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22068

FILED Apr 28, 2007 Secretary of State

Entity Name: TAMPA OPHTHALMIC PERSONNEL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

ROGER MCQUOWN 4635 KINGS POINT ROGER MCQUOWN 4635 KINGS POINT

LAKELAND, FL 33813 LAKELAND, FL 33813 US

Current Mailing Address: New Mailing Address:

ROGER MCQUOWN
4635 KINGS POINT
LAKELAND, FL 33813

ROGER MCQUOWN
4635 KINGS POINT
LAKELAND, FL 33813

US

FEI Number: 59-2855991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCQUOWN, ROGER 4635 KINGS POINT CT LAKELAND, FL 33813 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DS
 () Delete
 Title:
 DS
 (X) Change () Addition

 Name:
 MCDANIEL, VICKIE
 Name:
 MCDANIEL, VICKIE

 Address:
 4560 DUFFER PL
 Address:
 4560 DUFFER PL

 City-St-Zip:
 LAKELAND, FL 33881 US
 LAKELAND, FL 33881 US

Title: DP () Delete Title: DP (X) Change () Addition

Name: MCGEE, KEVIN Name: MCGEE, KEVIN

 Address:
 2824 COUNTRYSIDE BLVD. #315
 Address:
 2824 COUNTRYSIDE BLVD. #315

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:
 CLEARWATER, FL 33761 US

Title: DT () Delete Title: DT (X) Change () Addition Name: WILLIAMS, ELAINE DT (X) Change () Addition Name: WILLIAMS, ELAINE

Address: 6177 SUN BLVD. #502 Address: 6177 SUN BLVD. #502

City-St-Zip: SAINT PETERSBURG, FL 33715 City-St-Zip: SAINT PETERSBURG, FL 33715 US

Title: DVP () Delete Title: DVP (X) Change () Addition

 Name:
 MAUREEN, BAUER
 Name:
 MAUREEN, BAUER

 Address:
 1735 NORTHVIEW ROAD
 Address:
 1735 NORTHVIEW ROAD

 City-St-Zip:
 LARGO, FL 33770
 City-St-Zip:
 LARGO, FL 33770 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 MCDANIEL DS 04/28/2007