

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000254

FILED
Apr 24, 2007
Secretary of State

Entity Name: CENTRAL SUNCOAST OPTOMETRIC PHYSICIANS, INC.

Current Principal Place of Business:

2740 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

2740 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-3663859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEDDY, SHERRIE
2740 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655 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: TD () Delete
Name: TEDDY, SHERRIE DR
Address: 2740 SEVEN SPRINGS BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD () Delete
Name: AZZUE, VINCENT DR
Address: 8505 LITTLR ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD () Delete
Name: THOMAS, GORDON DR
Address: 1991 OTTER WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: VD () Delete
Name: WOOSTER, KATHLEEN DR
Address: 86 PONCE DE LEON
City-St-Zip: BROOKSVILLE, FL 34601

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 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: DR SHERRIE TEDDY

TD

04/24/2007

Electronic Signature of Signing Officer or Director

Date