

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90042 049 ****61.25

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| DOCUMENT # N99000000254 | | | | | |
| 1. Entity Name CENTRAL SUNCOAST OPTOMETRIC PHYSICIANS, INC. | | | | | |
| Principal Place of Business 2740 SEVEN SPRINGS BLVD NEW PORT RICHEY, FL 34655 | | | Mailing Address 2740 SEVEN SPRINGS BLVD NEW PORT RICHEY, FL 34655 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3663859 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| TEDDY, SHERRIE 2740 SEVEN SPRINGS BLVD NEW PORT RICHEY, FL 34655 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Kelly O'SPA Sherrie Teddy</u> 1-18-7 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE TD NAME TEDDY, SHERRIE DR STREET ADDRESS 2740 SEVEN SPRINGS BLVD CITY-ST-ZIP NEW PORT RICHEY, FL 34655 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE PD NAME AZZUE, VINCENT DR STREET ADDRESS 8505 LITTLR ROAD CITY-ST-ZIP NEW PORT RICHEY, FL 34655 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME THOMAS, GORDON DR STREET ADDRESS 1991 OTTER WAY CITY-ST-ZIP PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME WOOSTER, KATHLEEN DR STREET ADDRESS 86 PONCE DE LEON CITY-ST-ZIP BROOKSVILLE, FL 34601 | <input type="checkbox"/> Delete | | TITLE NAME PD wooster, Kathleen, Dr STREET ADDRESS 86 Ponce de Leon CITY-ST-ZIP Brooksville, FL 34601 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME VD Clough Scott, Dr STREET ADDRESS 9409 U.S. 19 CITY-ST-ZIP Port Richey, FL 34668 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Kelly O'SPA</u> | | | 1-18-8 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |