

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000254

FILED  
Jan 07, 2010  
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:**

8319 EMBASSY BLVD  
PORT RICHEY, FL 34668

**Current Mailing Address:**

2740 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

8319 EMBASSY BLVD  
PORT RICHEY, FL 34668

**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:**

THOMAS, GORDON  
8319 EMBASSY BLVD  
PORT RICHEY, FL 34668 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: GORDON THOMAS

01/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: TEDDY, SHERRIE DR  
Address: 2740 SEVEN SPRINGS BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: PD  
Name: WOOSTER, KATHLEEN DR  
Address: 86 PONCE DE LEON  
City-St-Zip: BROOKSVILLE, FL 34601

Title: TD  
Name: CAUSEY, MICHAEL DR  
Address: 9832 LITTLE RD.  
City-St-Zip: PORT RICHEY, FL 34654

I hereby 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 all other like empowered.

SIGNATURE: GORDON THOMAS

SD

01/07/2010

Electronic Signature of Signing Officer or Director

Date