

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000254

FILED
Jan 06, 2011
Secretary of State

Entity Name: CENTRAL SUNCOAST OPTOMETRIC PHYSICIANS, INC.

Current Principal Place of Business:

8319 EMBASSY BLVD
PORT RICHEY, FL 34668

New Principal Place of Business:

1991 OTTER WAY
PALM HARBOR, FL 34685

Current Mailing Address:

8319 EMBASSY BLVD
PORT RICHEY, FL 34668

New Mailing Address:

1991 OTTER WAY
PALM HARBOR, FL 34685

FEI Number: 59-3663859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

THOMAS, GORDON
1991 OTTER WAY
PALM HARBOR, FL 34685 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:

01/06/2011

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 R THOMAS

SD

01/06/2011

Electronic Signature of Signing Officer or Director

Date