

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003454

FILED
Feb 05, 2011
Secretary of State

Entity Name: MANASOTA OPTOMETRIC SOCIETY, INC.

Current Principal Place of Business:

107 SHAMROCK BLVD.
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

107 SHAMROCK BLVD.
VENICE, FL 34293

New Mailing Address:

FEI Number: 52-2196027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, DAVID M
107 SHAMROCK BLVD.
C/O MANASOTA OPTOMETRIC SOCIETY
VENICE, FL 34293 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: PD
Name: ALTMAN, GLENN
Address: 2936 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34234

Title: STD
Name: RUBIN, DAVID M
Address: 107 SHAMROCK BLVD.
City-St-Zip: VENICE, FL 34293

Title: D
Name: BAIZE, MARY JO
Address: 3801 BEE RIDGE ROAD, SUITE 3
City-St-Zip: SARASOTA, FL 34233

Title: D
Name: SOTO, JR., FREDERICK E
Address: 2650 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D
Name: HAN, SCOTT B
Address: 6002 POINTE WEST BLVD.
City-St-Zip: BRADENTON, FL 34209

Title: D
Name: SCHAUB, KYLE
Address: 2601 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

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: DAVID M. RUBIN

STD

02/05/2011

Electronic Signature of Signing Officer or Director

Date