

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 13, 2011
Secretary of State

DOCUMENT# N99000005052

Entity Name: NORTH CENTRAL FLORIDA OPTOMETRY SOCIETY, INC.**Current Principal Place of Business:**2074 SISTERS WELCOME RD
LAKE CITY, FL 32025**New Principal Place of Business:****Current Mailing Address:**2074 SISTERS WELCOME RD
LAKE CITY, FL 32025**New Mailing Address:****FEI Number:** 26-2532973**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAILEY, PATRICIA L O.D.
2074 SW SISTER'S WELCOME RD
LAKE CITY, FL 32025 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: BAILEY, PATRICIA L O.D.
Address: 2074 SW SISTER'S WELCOME RD
City-St-Zip: LAKE CITY, FL 32025

Title: VPD
Name: CHAI, SOOK O.D.
Address: 2074 SW SISTER'S WELCOME RD
City-St-Zip: LAKE CITY, FL 32025

Title: TD
Name: HU, CHYN-NI O.D.
Address: 2074 SW SISTERS WELCOME RD
City-St-Zip: LAKE CITY, FL 32025

Title: SD
Name: AZWELL, LINDA OD
Address: 2074 SW SISTER'S WELCOME
City-St-Zip: LAKE CITY, FL 32025

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: DR. PATRICIA BAILEY

PRES

06/13/2011

Electronic Signature of Signing Officer or Director

Date