

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057017

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** OPTOMETRIC ASSOCIATES OF OCALA, INC.

**Current Principal Place of Business:**

3130 SW 32ND AVE  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

3130 SW 32ND AVE  
OCALA, FL 34474 US

**New Mailing Address:**

**FEI Number:** 59-3651476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, MICHAEL  
3130 S.W. 32ND AVENUE  
OCALA, FL 34474 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:** SCHWENK, GORDON C MD  
**Address:** 3130 SW 32ND AVE  
**City-St-Zip:** OCALA, FL 34474 US

**Title:** VD  
**Name:** JANK, MARK A MD  
**Address:** 3130 S.W. 32ND AVENUE  
**City-St-Zip:** OCALA, FL 34474 US

**Title:** VD  
**Name:** DEATON, JOHN S DO  
**Address:** 3130 S.W. 32ND AVENUE  
**City-St-Zip:** OCALA, FL 34474 US

**Title:** VD  
**Name:** WARREN, RICHARD C MD  
**Address:** 3130 S.W. 32ND AVENUE  
**City-St-Zip:** OCALA, FL 34474 US

**Title:** TD  
**Name:** MORRIS, MICHAEL MD  
**Address:** 3130 S.W. 32ND AVENUE  
**City-St-Zip:** OCALA, FL 34474 US

**Title:** SD  
**Name:** SAMY, CHANDER MD  
**Address:** 3130 S.W. 32ND AVENUE  
**City-St-Zip:** OCALA, FL 34474 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DR. MICHAEL MORRIS

RA

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date