2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90097 020 ***150.00

DOCUMENT # P02000089900

1. Entity Name

OLGA JORDANOPOULOS O.D., INC.

Principal Place of Business	Mailing Address
117 FORESTER CT WELLINGTON FL 33414	117 FORESTER CT WELLINGTON FL 33414

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4050 S. U.S. HIGHWAY ONE	904 MAHOGANY PLACE
Suite, Apt. #, etc.: SUITE 314	Suite, Apt. #, etc.:
City & State: JUPITER, FL	City & State: PALM BEACH GARDENS, FL
Zip: 33477 Country: PALM BEACH	Zip: 33418 Country: PALM BEACH

4. FEI Number 14-1902105 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORDANOPOULOS, OLGA 117 FORESTER CT WELLINGTON FL 33414	Name: JORDANOPOULOS, OLGA Street Address (P.O. Box Number is Not Acceptable): 904 MAHOGANY PLACE City: PALM BEACH GARDENS, **FL** Zip Code: 33418

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dr Olga Jordanopoulos 01/27/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDANOPOULOS, OLGA 117 FORESTER CT WELLINGTON FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORDANOPOULOS, OLGA 904 MAHOGANY PLACE PALM BEACH GARDENS, FL 33418	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr Olga Jordanopoulos 01/27/07 cell (561) 719-2770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #