

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90026 021 ***150.00

DOCUMENT # P02000089900

1. Entity Name

OLGA JORDANOPOULOS O.D., INC.



Principal Place of Business

4050 SO S. U.S. HIGHWAY ONE
SUITE 314
JUPITER FL 33477

Mailing Address

904 MAHOGANY PLACE
PALM BEACH GARDENS FL 33414



2. Principal Place of Business - No P.O. Box #

4050 S. U.S. HIGHWAY ONE

3. Mailing Address

904 MAHOGANY PLACE

Suite, Apt. #, etc.

SUITE 314

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

JUPITER, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

14-1902105

Applied For

Not Applicable

Zip

33477

Country

U.S.A.

Zip

33418

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JORDANOPOULOS, OLGA
904 MAHOGANY PLACE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

03/03/08

Signature, typed or printed name of registered agent and fee if applicable.

NOTE: Registered Agent signature required when re-registering.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JORDANOPOULOS, OLGA	
STREET ADDRESS	904 MAHOGANY PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

DR OLGA JORDANOPOULOS

SIGNATURE:

Dr. Olga Jordanopoulos

03/03/08 (561) 719-2770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #