

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36406

**FILED**  
**Feb 12, 2011**  
**Secretary of State**

**Entity Name:** OPTICAL CONSULTANTS OF TAMARAC, INC.

**Current Principal Place of Business:**

4712 HOLLY DRIVE  
TAMARAC, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

1880 NORTH CONGRESS AVENUE  
225  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

**FEI Number:** 38-2343837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLBERT, ARLENE  
4712 HOLLY DR  
TAMARAC, FL 33319 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: COLBERT, ARLENE  
Address: 4712 HOLLY DR  
City-St-Zip: TAMARAC, FL 33319

Title: V  
Name: COLBERT, EDWARD  
Address: 4712 HOLLY DR  
City-St-Zip: TAMARAC, FL 33319

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: ARLENE COLBERT

PRES

02/12/2011

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

\_\_\_\_\_ Date