

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013557

FILED
Jan 20, 2009
Secretary of State

Entity Name: ASSOCIATED OPTOMETRISTS OF OVERHOLSER & OVERHOLSER, O.D., P.A.

Current Principal Place of Business:

5353 SW COLLEGE RD
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

3600 SW 54TH CT
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-3168173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERHOLSER, RAY
3600 SW 54TH CT
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OVERHOLSER, RAY
Address: 3600 SW 54TH CT
City-St-Zip: OCALA, FL 34474 US

Title: SD () Delete
Name: OVERHOLSER, TERRIE
Address: 3600 SW 54TH CT
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: OVERHOLSER, RAY
Address: 3600 SW 54TH CT
City-St-Zip: OCALA, FL 34474 US

Title: MGR (X) Change () Addition
Name: OVERHOLSER, TERRIE
Address: 3600 SW 54TH CT
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAY OVERHOLSER

MGR

01/20/2009

Electronic Signature of Signing Officer or Director

Date