

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000100316

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** OPTOMETRIC PHYSICIANS GROUP, P.A.

**Current Principal Place of Business:**

6152 DELANCEY STATION STREET  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

611 MARMORA AVE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 59-3416437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BILLIG, WILLIAM P O.D.  
611 MARMORA AVE  
TAMPA, FL 33606 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: DR  
Name: BILLIG, WILLIAM P O.D.  
Address: 611 MARMORA AVE  
City-St-Zip: TAMPA, FL 33606

Title: DR  
Name: BILLIG, DEBRA D O.D.  
Address: 611 MARMORA AVE  
City-St-Zip: TAMPA, FL 33606

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: WILLIAM P BILLIG

PRES

01/13/2011

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

\_\_\_\_\_  
Date