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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90134 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03989

1. Corporation Name

OPTOMETRIC CONSULTANTS OF FLORIDA, P.A.

Principal Place of Business
701 N CONGRESS AVE
BOYNTON BEACH FL 33426

Mailing Address

~~701 N CONGRESS AVE~~
~~BOYNTON BEACH FL 33426~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1991

4. FEI Number

65-0300160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 **7360 Bryan Dairy Road**

Suite, Apt. #, etc.
27 **Suite 200**

City & State
28 **Largo, Florida**

Zip Country
29 **33777** **30** **U.S.A.**

9. Name and Address of Current Registered Agent

~~GOLDSTEIN, MITCHELL F.~~
~~701 N CONGRESS AVE~~
~~BOYNTON BEACH FL 33426~~

10. Name and Address of New Registered Agent

81 Name

Darrell C. Smith

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

101 E. Kennedy Boulevard

83

Suite 2800

84 City

Tampa

FL

85 Zip Code
33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **GOLDSTEIN, MITCHELL F.**
STREET ADDRESS **701 NORTH CONGRESS AVE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P, D** ☒ Change ☐ Addition
1.2 NAME **Gillette, Theodore**
1.3 STREET ADDRESS **7360 Bryan Dairy Road**
1.4 CITY-ST-ZIP **Suite 200**
Largo, Florida 33777

2.1 TITLE **VP, S, T, D** ☐ Change ☒ Addition
2.2 NAME **Smith, Paul**
2.3 STREET ADDRESS **7360 Bryan Dairy Road**
2.4 CITY-ST-ZIP **Suite 200**
Largo, Florida 33777

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Theodore N. Gillette

Date

(727) 545-4300
Office Phone #

CR2E034 (11/98)