

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000000262

FILED  
Jun 25, 2013  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA OPTOMETRIC SOCIETY, INC

**Current Principal Place of Business:**

3948 3RD STREET SOUTH  
#41  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

3948 3RD STREET SOUTH  
#41  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 80-0527910      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HUNTER & ASSOCIATES, PA  
4201 BAYMEADOWS RD  
4  
JACKSONVILLE, FL 32217 US

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

BROWN, AMANDA L  
3948 3RD ST S  
#41  
JACKSONVILLE BEACH, FL 32250 US

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: AMANDA BROWN

06/25/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FALDEN, ALLISON  
Address: 880 A1A N #13  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP  
Name: AARONSON, VANESSA  
Address: 8705 PERIMETER PARK BLVD #10  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: T  
Name: BROWN, AMANDA  
Address: 1251 OSCEOLA AVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: S  
Name: WYGONIK, EDWARD  
Address: 359 MARSH LANDING PARKWAY  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D1  
Name: WOMACK, JOHN  
Address: 4413 TOWN CENTER PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D2  
Name: LARSON, KAREN  
Address: 905 PARK AVE #100  
City-St-Zip: ORANGE PARK, FL 32073

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA BROWN

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06/25/2013

Electronic Signature of Signing Officer or Director

Date