

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714355

Entity Name: FLORIDA OPTOMETRY EYE HEALTH FUND, INC.**Current Principal Place of Business:**233 ROSE HILL DRIVE NORTH
TALLAHASSEE, FL 32312**Current Mailing Address:**233 ROSE HILL DRIVE NORTH
TALLAHASSEE, FL 32312 US**FEI Number:** 59-1261771**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARSON, JOSEPH TREVOR
233 ROSE HILL DRIVE NORTH
TALLAHASSEE, FL 32312 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:** JOSEPH TREVOR CARSON

01/29/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name WILLIAMSON, CHRISTOPHER E. OD
Address 3218 DEL PRADO BLVD., S
City-State-Zip: CAPE CORAL FL 33904

Title VD
Name KEPLEY, STEPHEN R OD
Address 1960 25TH AVENUE
SUITE 102
City-State-Zip: VERO BEACH FL 32960-3063

Title DIRECTOR
Name BROWN, JEFFREY D. OD
Address 100 W. BAY STREET
SUITE #1
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER, DIRECTOR
Name STAM, BRYAN OD
Address 10251 SHOPS LANE
City-State-Zip: JACKSONVILLE FL 32258

Title PD
Name ROUSE, DAVID W OD
Address 15916 W. STATE RD 84
City-State-Zip: SUNRISE FL 33326-1233

Title D
Name BEDINGHAUS, TROY OD
Address 11151 STATE ROAD 70 EAST
City-State-Zip: BRADENTON FL 34202

Title DIRECTOR
Name CORNISH, BRANDON W OD
Address 640 NORTH FEDERAL HIGHWAY
City-State-Zip: FT. LAUDERDALE FL 33304

Title DIRECTOR
Name CARELLI, MICHAEL F OD
Address 2090 S.E. OCEAN BLVD.
City-State-Zip: STUART FL 34996

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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: DAVID W. ROUSE, O.D.

PRESIDENT

01/29/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WOMACK, JOHN OD
Address	4413 TOWNCENTER PARKWAY
City-State-Zip:	JACKSONVILLE FL 32246