2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2020
Secretary of State
7682534732CC

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, LEONARD A
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:

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: BRYAN STAM TREASURER 01/31/2020

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