2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2013
Secretary of State
CC9558431137

DOCUMENT# 714355

Entity Name: FLORIDA OPTOMETRY EYE HEALTH FUND, INC.

Current Principal Place of Business:

2930 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309

Current Mailing Address:

2930 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309 US

FEI Number: 59-1261771

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARSON, LEONARD A
2930 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309 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	LAWSON, KENNETH O.D
Address	5632 26TH STREET WEST
City-State-Zip:	BRADENTON FL 34207

Title	VD
Name	LEWIS, JOHN JR OD
Address	POST OFFICE BOX 9264
City-State-Zip:	BRADENTON FL 34206

Title	TD
Name	LOCKE, JEFF O.D.
Address	2420 S BABCOCK STREET
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	STELZER, ADAM OD
Address	220 ALHAMBRA CIRCLE SUITE 230
City-State-Zip:	CORAL GABLES FL 33134

Title	PD
Name	RUBIN, DAVID O.D.
Address	107 SHAMROCK BLVD.
City-State-Zip:	VENICE FL 34293-1630

Title	D
Name	BROOME III, FRANK O.D.
Address	2902 224TH STREET
City-State-Zip:	LAKE CITY FL 32024-2504

Title	D
Name	BARKER, GARY O.D.
Address	1928 HOWELL BRANCH ROAD
City-State-Zip:	WINTER PARK FL 32792

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

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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 RUBIN, O.D. PRESIDENT 01/18/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHARBONNEAU, MARY OD
Address	5101 N. DAVIS HIGHWAY
City-State-Zip:	PENSACOLA FL 32503