

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758323

**Entity Name:** NATIONAL EXAMINING BOARD OF OCULARISTS, INC.

**Current Principal Place of Business:**

625 FIRST AVENUE  
SUITE 220  
CORALVILLE, IA 52241-2101

**Current Mailing Address:**

625 FIRST AVENUE  
SUITE 220  
CORALVILLE, IA 52241-2101

**FEI Number:** 59-2125778

**Certificate of Status Desired:** No

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

BOWEN, JAMES R  
36 W ILLIANA STREET  
ORLANDO, FL 32806 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:** JAMES BOWEN

01/23/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAI  
Name THOMPSON, JEAN  
Address 411 MCULLOUGH SUITE 16  
City-State-Zip: SAN ANTONIO TX 78212

Title SEC  
Name MACLEAN, JOHN  
Address 4581 BENTLY PLACE  
City-State-Zip: DELUTH GA 30096

Title TRES  
Name KELLEY, JOHN JJR  
Address 1107 KENILWORTH DRIVE SUITE 310  
City-State-Zip: TOWSON MD 21204

*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:** JOHN KELLEY

**TREASURER**

01/23/2013

Electronic Signature of Signing Officer/Director Detail

Date