

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758323

Entity Name: NATIONAL EXAMINING BOARD OF OCULARISTS, INC.**Current Principal Place of Business:**2050 KEOKUK STREET
IOWA, CITY, IA 52240**Current Mailing Address:**2050 KEOKUK STREET
IOWA, CITY, IA 52240 US**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

01/28/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD OF DIRECTOR
Name ATKINS, KIRSTIN
Address 4100 SW STAVERTON DRIVE
City-State-Zip: BENTONVILLE AR 72713

Title CHAIRMAN
Name DAVIS, JEFF
Address 258 CORPORATE DRIVE
SUITE 213
City-State-Zip: MADISON WI 53714

Title DIRECTOR
Name IMM, JOHN
Address 3 WEST GARDEN
SUITE 404
City-State-Zip: PENSACOLA FL 32502

Title TREASURER
Name JOHN , KELLEY
Address 1107 KENILWORTH DRIVE
SUITE 310
City-State-Zip: TOWSON MD 21204-2135

Title DIRECTOR
Name DRENNAN, MARIE
Address 2550 WILLOW ST
City-State-Zip: VANCOVER BC V5Z 3N3

Title DIRECTOR
Name BURKAT, CAT DR.
Address UW UNIVERSITY HEALTH STATION
CLINIC
City-State-Zip: MADISON WI 53705

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 J KELLEY

TREASURER

01/28/2024

Electronic Signature of Signing Officer/Director Detail

Date