**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 12, 2014**
**Secretary of State**
**CC2935364680**

DOCUMENT# N01000002527

**Entity Name:** PALM BEACH COUNTY OPHTHALMOLOGY SOCIETY, INC.

**Current Principal Place of Business:**

5 BLENHEIM COURT
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

PO BOX 32264
PALM BEACH GARDENS, FL 33420-2264 US

**FEI Number: 65-1098105**

**Certificate of Status Desired:** No

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

KUHR, KEITH
5 BLENHEIM COURT
PALM BEACH GARDENS, FL 33418 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: KEITH KUHR 01/12/2014

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PD |
| Name | CONNOR, MICHAEL MD |
| Address | 4461 MEDICAL CENTER WAY<br>SUITE A |
| City-State-Zip: | WEST PALM BEACH FL 33407 |

| | |
|---|---|
| Title | TD |
| Name | KELLY, KEVIN T MD |
| Address | 15942 CYPRESS PARK DR |
| City-State-Zip: | WELLINGTON FL 33414 |

| | |
|---|---|
| Title | VD |
| Name | SHUSTER, ALAN R MD |
| Address | 2055 MILITARY TRAIL #307 |
| City-State-Zip: | JUPITER FL 33458 |

| | |
|---|---|
| Title | ED |
| Name | KUHR, KEITH |
| Address | 5 BLENHEIM COURT |
| City-State-Zip: | PALM BEACH GARDENS FL 33418 |

*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: KEITH KUHR EXECUTIVE DIRECTOR 01/12/2014

Electronic Signature of Signing Officer/Director Detail — Date