2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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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 01/05/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	SHUSTER, ALAN MD
Address	2220 SE OCEAN BLVD., SUITE 101
City-State-Zip:	STUART FL 34996

Title	VD
Name	BELLOTT, BRETT MD
Address	9325 GLADES ROAD, SUITE 201
City-State-Zip:	BOCA RATON FL 33434

Title	TD
Name	CONNOR, MICHAEL MD
Address	4461 MEDICAL CENTER WAY, SUITE A
City-State-Zip:	WEST PALM BEACH FL 33408

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 ED 01/05/2017

Electronic Signature of Signing Officer/Director Detail — Date