

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

01/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name NEZGODA, JOSEPH MD
Address 130 BUTLER STREET
City-State-Zip: WEST PALM BEACH FL 33401

Title VD
Name JOSHI, DEVAL MD
Address 10075 JOG ROAD, SUITE 203
City-State-Zip: BOYNTON BEACH FL 33437

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

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date