2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702966

FILED Apr 09, 2012 Secretary of State

Entity Name: FLORIDA LIONS EYE BANK, INC.

Current Principal Place of Business: New Principal Place of Business:

900 NW 17TH STREET

#347

MIAMI, FL 33136 US

Current Mailing Address: New Mailing Address:

900 NW 17TH STREET #347 MIAMI, FL 33136 US

FEI Number: 59-0967012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FOUT-CARAZA, ELIZABETH 900 N.W. 17 STREET FLORIDA LIONS EYE BANK MIAMI, FL 33136 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: MANSOLILLI, BUD
Address: 939 BUNKER HILL DRIVE
City-St-Zip: NAPLES, FL 34110 US

Title: \

Name: ANDERSON, BLAIR
Address: 413 BUTTONWOOD PLACE
City-St-Zip: BOCA RATON, FL 33431 US

Title: \

Name: HILLIARD, ROBERT

Address: 28700 TRAILS EDGE BLVD #303 City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: \

Name: PINKERTON, COLLEEN
Address: 19705 WEST LAKE DRIVE
City-St-Zip: MIAMI, FL 33015 US

Title: S

Name: LETAKIS, GEORGE

Address: 3415 WILLOW WOOD ROAD City-St-Zip: LAUDERHILL, FL 33319 US

Title: ED

Name: FOUT-CARAZA, ELIZABETH Address: 900 N.W. 17TH STREET #347

City-St-Zip: MIAMI, FL 33135

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: ELIZABETH FOUT-CARAZA ED 04/09/2012