2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N05000006174

Entity Name: LIONS EYE INSTITUTE FOR TRANSPLANT & RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

1410 21ST STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1410 21ST STREET
TAMPA, FL 33605

New Mailing Address:

FEI Number: 01-0843838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHRISTALDI, RONALD A
101 E KENNEDY BLVD SUITE 3400
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: COOKE, ALLEN J
Address: 16601 PALM ROYAL DRIVE APT 1432
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: WALTON, CATHERINE V
Address: 4339 WHITTNER DR
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: EDELMAN, MARC R ESQ.
Address: 6608 ADAMO DRIVE
City-St-Zip: TAMPA, FL 33619

Title: D ( ) Delete
Name: GALLAGHER, RAE
Address: 8606 PAXTON DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete
Name: LAACK, DORI
Address: 6654 CAMPBRIDGE PARK DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: D (X) Delete
Name: NOLINSKE, TERRIE
Address: 9223 ROCKROSE DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: O'ROURKE, MICHAEL J
Address: 1027 SOUTH DAKOTA AVE
City-St-Zip: TAMPA, FL 33606

Title: VC (X) Change ( ) Addition
Name: WALTON, CATHERINE V
Address: 4339 WHITTNER DR
City-St-Zip: LAND O LAKES, FL 34639

Title: D (X) Change ( ) Addition
Name: SWANSON, RUTHANN
Address: 36741 MISSOURI AVENUE
City-St-Zip: DADE CITY, FL 33523

Title: EX-O (X) Change ( ) Addition
Name: WOODY, JASON K
Address: 4202 CARTNELL AVENUE
City-St-Zip: TAMPA, FL 33624

Title: S (X) Change ( ) Addition
Name: LAACK, DORI
Address: 6654 CAMPBRIDGE PARK DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRI ELISE GOLDSTEIN, CFRE TEG 04/14/2009

Electronic Signature of Signing Officer or Director — Date