

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009624

Entity Name: FLORIDA GLAUCOMA SOCIETY, INC.**Current Principal Place of Business:**

C/O KRISHNA S. KISHOR, MD
7101 FAIRWAY DRIVE ROOM A292
PALM BEACH, FL 33418

Current Mailing Address:

C/O KRISHNA S. KISHOR, MD
7101 FAIRWAY DRIVE ROOM A292
PALM BEACH, FL 33418 US

FEI Number: 27-0406857**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

LITINSKY, STEVE MD
16201 S MILITARY TRAIL
DELRAY BEACH, FL 33484 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: STEVE LITINSKY

04/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name GREENFIELD, DAVID S MD
Address 7101 FAIRWAY DRIVE
ROOM A-292
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MEMBER AT LARGE
Name LEE, RICHARD K MD
Address 900 NW 17TH STREET
City-State-Zip: MIAMI FL 33136

Title MEMBER AT LARGE
Name LITINSKY, STEVE MD
Address 16201 S MILITARY TRAIL
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name WELLIK, SARAH MD
Address 8100 SW 10TH STREET
3RD FLOOR
City-State-Zip: PLANTATION FL 33324

Title MEMBER AT LARGE
Name GEDDE, STEVEN J MD
Address 900 NW 17TH STREET
City-State-Zip: MIAMI FL 33136

Title PRESIDENT
Name KISHOR, KRISHNA S MD
Address 7101 FAIRWAY DRIVE
ROOM A-286
City-State-Zip: PALM BEACH GARDENS FL 33418

Title SECRETARY
Name WERNER, MARK MD
Address 16201 S MILITARY TRAIL
City-State-Zip: DELRAY BEACH FL 33484

Title EXECUTIVE DIRECTOR
Name CHANG, PETER MD
Address 900 NW 17TH STREET
City-State-Zip: MIAMI FL 33136

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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: LUIS E. VAZQUEZ

MD, PHD

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------------|
| Title | TREASURER |
| Name | VAZQUEZ, LUIS E MD, PHD |
| Address | 900 NW 17TH STREET |
| City-State-Zip: | MIAMI FL 33136 |