

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000012369

**Entity Name:** OCULAR ONCOLOGY FOUNDATION INC

**Current Principal Place of Business:**

6705 SW 57 AVENUE  
SUITE 412  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

6705 SW 57 AVENUE  
SUITE 412  
SOUTH MIAMI, FL 33143

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MURRAY, NICOLE  
6705 SW 57 AVENUE  
SUITE 412  
SOUTH MIAMI, FL 33143 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

**Officer/Director Detail :**

Title P  
Name MURRAY, TIMOTHY  
Address 6705 SW 57 AVENUE SUITE 412  
City-State-Zip: SOUTH MIAMI FL 33143

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY MURRAY

P

02/19/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date