


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 714762 1. Entity Name BASCOM PALMER EYE INSTITUTE ALUMNI ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 1638 NORTHWEST TENTH AVE P.O. BOX 015869 MIAMI, FL 33101-2869 | Mailing Address 1638 NORTHWEST TENTH AVE P.O. BOX 015869 MIAMI, FL 33101-2869 |
|---|---|

DO NOT WRITE IN THIS SPACE



04042005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 23-7404880 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BERCUSON, MARLA
900 N.W. 17 STREET
MARKETING DEPT., 4TH FLOOR
MIAMI, FL 33136**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marla Bercuson DATE 4/05/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUBSAMEN, PATRICK DR. 1118 ISLAND DRIVE DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BERCUSON, MARLA 900 N.W. 17TH ST., MKTG DEPT, 4TH FLR MIAMI, FL 33136 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALFONSO, EDUARDO DR. 1638 NW 10TH AVE MIAMI, FL 33136 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/14/05-80043-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 04/04/05 DAYTIME PHONE # 305.3266190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR