

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 714762

1. Entity Name

BASCOM PALMER EYE INSTITUTE ALUMNI
ASSOCIATION, INC.



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



01242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7404880

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000406901
02/07/06-80110-008 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME RUBSAMEN, PATRICK DR.
STREET ADDRESS 1118 ISLAND DRIVE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE SD
NAME BERCUSON, MARLA
STREET ADDRESS 900 N.W. 17TH ST., MKTG DEPT, 4TH FLR
CITY-ST-ZIP MIAMI, FL 33136

TITLE PD
NAME ALFONSO, EDUARDO DR.
STREET ADDRESS 1638 NW 10TH AVE
CITY-ST-ZIP 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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reporting 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, or all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #