2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 714762

1. Entity Name
BASCOM PALMER EYE INSTITUTE ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1638 NORTHWEST TENTH AVE P.O. BOX 015869 MIAMI, FL 33101-2869	1638 NORTHWEST TENTH AVE P.O. BOX 015869 MIAMI, FL 33101-2869

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01212007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
23-7404880	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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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, 2007 | 9. Election Campaign Financing
. Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees |

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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06/26/07-80003-012 61.25

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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 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: _____   5/22/07   305.326.6190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #