

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714762

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

900 NW 17 STREET
BASCOM PALMER/MARKETING OFFICES
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

900 NW 17 STREET
BASCOM PALMER ALUMNI/MARKETING OFFICES
MIAMI, FL 33136

New Mailing Address:

900 NW 17 STREET
BASCOM PALMER/MARKETING OFFICES
MIAMI, FL 33136

FEI Number: 23-7404880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUBSAMEN, PATRICK DR.
Address: 1118 ISLAND DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: BERCUSON, MARLA
Address: 900 N.W. 17TH ST., MKTG DEPT, 4TH FLR
City-St-Zip: MIAMI, FL 33136

Title: PD () Delete
Name: ALFONSO, EDUARDO DR.
Address: 1638 NW 10TH AVE
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: FISHER, JEROME P DR.
Address: 7350 SW 108 STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARLA BERCUSON

SD

04/13/2009

Electronic Signature of Signing Officer or Director

Date