# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 27, 2012**
**Secretary of State**

DOCUMENT# 714762

**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/MARKETING OFFICES
MIAMI, FL 33136

**New Mailing Address:**

**FEI Number: 23-7404880** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**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
Name: RUBSAMEN, PATRICK DR.
Address: 1118 ISLAND DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

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

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

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

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

SIGNATURE: MARLA BERCUSON RA 02/27/2012

Electronic Signature of Signing Officer or Director — Date