

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718840

FILED
Jan 22, 2008
Secretary of State

Entity Name: OPTHALMIC PHOTOGRAPHERS' SOCIETY, INC.

Current Principal Place of Business:

636 NE 105 STREET
MIAMI SHORES, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

636 NE 105 STREET
MIAMI SHORES, FL 33138 US

New Mailing Address:

FEI Number: 59-6564114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, DITTE J FOPS
636 NE 105 STREET
MIAMI SHORES, FL 33138 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: P () Delete
Name: BENNETT, TIMOTHY J
Address: PENN STATE DEPT. OF OPHTHALMOLOGY
City-St-Zip: HERSHEY, PA 17033 US

Title: V () Delete
Name: MONTAGUE, PAUL
Address: UNIVERSITY OF IOWA HOSPITALS
City-St-Zip: IOWA CITY, IA 52242 US

Title: S () Delete
Name: MORRIS, PAULA F
Address: JOHN MORAN EYE CENTER
City-St-Zip: SALT LAKE CITY, UT 84132 US

Title: T () Delete
Name: LINK, THOMAS P
Address: MAYO CLINIC
City-St-Zip: ROCHESTER, MN 55905 US

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: DITTE J. HESS

RA

01/22/2008

Electronic Signature of Signing Officer or Director

Date