

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718840

FILED
Jan 16, 2011
Secretary of State

Entity Name: OPTHALMIC PHOTOGRAPHERS' SOCIETY, INC.

Current Principal Place of Business:

2615 NW 38 ST.
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

2615 NW 38 ST.
GAINESVILLE, FL 32605 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:

ENKERUD, DONALD E FOPS
2615 NW 38 ST.
GAINESVILLE, FL 32605 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
Name: MORRIS, PAULA F CRA
Address: JOHN MORAN EYE CENTER
City-St-Zip: SALT LAKE CITY, UT 84132 US

Title: V
Name: CAVICCHI, ROBERT W CRA
Address: JOSLIN DIABETES CENTER
City-St-Zip: BOSTON, MA 02215 US

Title: S
Name: BENNETT, TIMOTHY J FOPS
Address: 500 UNIVERSITY DR. SUITE 800
City-St-Zip: HERSEY, PA 17033 US

Title: T
Name: ANDERSON, WILLIAM M FOPS
Address: 2712 BIRCH PARK
City-St-Zip: RICHLAND HILLS, TX 76118 US

Title: D
Name: MONTAGUE, PAUL R CRA
Address: 1626 TRISHIA CT NW
City-St-Zip: SWISHER, IA 52338

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: ROBERT W. CAVICCHI

V

01/16/2011

Electronic Signature of Signing Officer or Director

Date