


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90026 037 ****61.25

DOCUMENT # 718991 1. Entity Name THE OPHTHALMOLOGY RESEARCH FOUNDATION, INC.	
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Principal Place of Business 1638 NORTHWEST 10TH AVENUE MIAMI, FL 33136	Mailing Address 1638 NORTHWEST 10TH AVENUE MIAMI, FL 33136
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01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7081974	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICIA KIMBALL FLETCHER, P.A.
 200 S. BISCAYNE BLVD., SUITE 3410
 MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PULIAFITO, CARMEN DR. 1638 N.W. 10TH AVENUE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALFONSO, EDUARDO 1638 N.W. 10TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARRISH, RICHARD DR. 1638 NW 10TH AVE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Coreen Rodgers 1638 NW 10th Avenue MIAMI FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____