


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 718991

1. Entity Name
THE OPHTHALMOLOGY RESEARCH FOUNDATION, INC.



Principal Place of Business Mailing Address

1638 NORTHWEST 10TH AVENUE **1638 NORTHWEST 10TH AVENUE**
MIAMI, FL 33136 **MIAMI, FL 33136**

DO NOT WRITE IN THIS SPACE



01272006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
23-7081974 Not Applied

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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6. 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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 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 | ED RODGERS, COREEN 1638 NW 10TH AVE. MIAMI, FL 33136 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000494726
 02/25/06 80012-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Coreen Rodgers 1131/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #