

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2007  
Secretary of State**

DOCUMENT# 718991

Entity Name: THE OPHTHALMOLOGY RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

1638 NORTHWEST 10TH AVENUE  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

1638 NORTHWEST 10TH AVENUE  
MIAMI, FL 33136

**New Mailing Address:**

FEI Number: 23-7081974      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEFFREY R. MARGOLIS, P.A.  
C/O DUANE MORRIS LLP  
200 SOUTH BISCAYNE BLVD., SUITE 3400  
MIAMI, FL 33131 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: PD ( ) Delete  
Name: PULIAFITO, CARMEN DR.  
Address: 1638 N.W. 10TH AVENUE  
City-St-Zip: MIAMI, FL 33136

Title: TD ( ) Delete  
Name: ALFONSO, EDUARDO  
Address: 1638 N.W. 10TH AVE.  
City-St-Zip: MIAMI, FL

Title: VPD ( ) Delete  
Name: PARRISH, RICHARD DR.  
Address: 1638 NW 10TH AVE  
City-St-Zip: MIAMI, FL 33136

Title: ED ( ) Delete  
Name: RODGERS, COREEN  
Address: 1638 NW 10TH AVE.  
City-St-Zip: MIAMI, FL 33136

**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: COREEN RODERS

ED

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date