


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 718991</b> 1. Entity Name <b>THE OPHTHALMOLOGY RESEARCH FOUNDATION, INC.</b>	
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Principal Place of Business <b>1638 NORTHWEST 10TH AVENUE MIAMI, FL 33136</b>	Mailing Address <b>1638 NORTHWEST 10TH AVENUE MIAMI, FL 33136</b>
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**DO NOT WRITE IN THIS SPACE**

02082008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>23-7081974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. 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**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

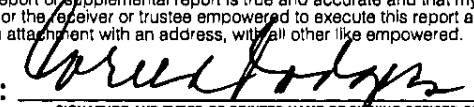
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000837183 03/04/08-80045-016 61.25</b>
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10. OFFICERS AND DIRECTORS

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	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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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/08 326-6101**  
Date Daytime Phone #