



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

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

|   |   |
|---|---|
| <b>DOCUMENT # 718991</b>                                      |  |
| 1. Entity Name<br>THE OPHTHALMOLOGY RESEARCH FOUNDATION, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>1638 NORTHWEST 10TH AVENUE<br>MIAMI, FL 33136 | Mailing Address<br>1638 NORTHWEST 10TH AVENUE<br>MIAMI, FL 33136 |
|--|--|

**DO NOT WRITE IN THIS SPACE**

|  |                                       |
|--|---------------------------------------|
|  |                                       |
| 02082008 No Chg-NP   | CR2E037 (4/06)                        |
| 4. FEI Number<br>23-7081974  | Applied For<br>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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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, 2008**

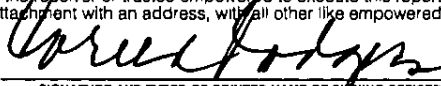
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000837183  
03/04/08-80045-016 61.25

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PULIAFITO, CARMEN DR.<br>1638 N.W. 10TH AVENUE<br>MIAMI, FL 33136 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>ALFONSO, EDUARDO<br>1638 N.W. 10TH AVE.<br>MIAMI, FL              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>PARRISH, RICHARD DR.<br>1638 NW 10TH AVE<br>MIAMI, FL 33136      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ED<br>RODGERS, COREEN<br>1638 NW 10TH AVE.<br>MIAMI, FL 33136           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:**  **2/2/08 326-6101**

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