

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 718991

FILED
Nov 13, 2009
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JEFFREY R. MARGOLIS, P.A.
C/O DUANE MORRIS LLP
200 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131 US

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: JEFFREY R MARGOLIS PA

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLARKSON, JOHN DR.
Address: 1638 N.W. 10TH AVENUE
City-St-Zip: MIAMI, FL 33136

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GEDDE, STEVEN DR.
Address: 1638 NW 10TH AVE.
City-St-Zip: MIAMI, FL 33136

Title: ED () Change (X) Addition
Name: GITTELMAN, MICHAEL
Address: 1638 NW 10TH AVE.
City-St-Zip: MIAMI, FL 33136

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: EDUARDO C. ALFONSO, MD

TD

11/13/2009

Electronic Signature of Signing Officer or Director

Date