

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718991

FILED
Jan 11, 2011
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 ()

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
Name: CLARKSON, JOHN DR.
Address: 1638 N.W. 10TH AVENUE
City-St-Zip: MIAMI, FL 33136

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: EDUARDO C. ALFONSO, MD

TD

01/11/2011

Electronic Signature of Signing Officer or Director

Date