

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726076

FILED
Mar 04, 2011
Secretary of State

Entity Name: LIONS EYE INSTITUTE FOR TRANSPLANT AND RESEARCH, INC.

Current Principal Place of Business:

1410 NORTH 21 STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1410 NORTH 21 STREET
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-1458151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODY, JASON K.
1410 NORTH 21 STREET
TAMPA, FL 33605 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: CH
Name: BARNHORN, THOMAS CHRMN
Address: 11084 DUNCAN STREET
City-St-Zip: SEMINOLE, FL 33772 US

Title: TR
Name: CAPUANO, ROBERT TREAS
Address: 3801 W. PALMIRA AVENUE
City-St-Zip: TAMPA, FL 33629 US

Title: VCH
Name: HENDERSON, EDWARD VCHMN
Address: 5936 17TH STREET NE
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: DIR
Name: CANTRELL, LOUIS DIR
Address: 1032 15TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: SEC
Name: MARGIE, FRANKLIN SECTY
Address: P.O. BOX 277
City-St-Zip: LAND O'LAKES, FL 34639 US

Title: DIR
Name: WALDMAN, FREDERICK DIR
Address: 8506 30TH STREET EAST
City-St-Zip: PARRISH, FL 34219 US

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: JASON K. WOODY

PRES

03/04/2011

Electronic Signature of Signing Officer or Director

Date