2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726076

FILED Feb 09, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1410 NORTH 21 STREET TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

1410 NORTH 21 STREET TAMPA, FL 33605

FEI Number: 59-1458151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODY, JASON K. 1410 NORTH 21 STREET TAMPA, FL 33605 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:

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:
 LIVECCHI, MD, JOHN VCHMN

 Address:
 43309 US HWY 19 NORTH

 City-St-Zip:
 TARPON SPRINGS, FL 34689 US

Title: PRES

Name: WOODY, JASON K. PRES Address: 1410 NORTH 21ST STREET City-St-Zip: TAMPA, FL 33605 US

Title: SEC

Name: MARGIE, FRANKLIN SECTY

Address: P.O. BOX 277

City-St-Zip: LAND O'LAKES, FL 34639 US

Title: DIR

Name: CANTRELL, LOUIS DIR Address: 1032 15TH AVENUE N

City-St-Zip: ST. PETERSBURG, FL 33704 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 02/09/2012