NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State
06-20-2002 90063 020 ****70.00

DOCUMENT # 735477

1. Entity Name
HUGO SCHIMEK MEMORIAL EYE FOUNDATION,INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
c/o DAVIDSON, M.D., GENE L	c/o SCHIMEK, M.D., ROBERT A.
Suite, Apt. #, etc.: 2410 WEST PLAZA DRIVE	Suite, Apt. #, etc.: 3217 CANAL STREET
City & State: TALLAHASSEE FL	City & State: NEW ORLEANS LA
Zip: 32303 Country: USA	Zip: 70119 Country: USA

4. FEI Number: 59-1694261 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XXX **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAVIDSON, M.D., GENE L.

Street Address (P.O. Box Number is Not Acceptable): 2410 WEST PLAZA DRIVE

City: TALLAHASSEE FL Zip Code: 32303

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: P/M/D NAME: SCHIMEK, M.D., ROBERT A. STREET ADDRESS: 3217 CANAL STREET CITY-ST-ZIP: NEW ORLEANS, LA 70119		TITLE: V/D NAME: NELSON, SUSIE STREET ADDRESS: 300 LAKE MARINA DRIVE CITY-ST-ZIP: NEW ORLEANS LA 70124	
TITLE: D NAME: SLATTEN, CECILIA STREET ADDRESS: 203 WALNUT STREET CITY-ST-ZIP: NEW ORLEANS LA 70118		TITLE: D NAME: COE, YVONNE STREET ADDRESS: 4905 ST. CHARLES AVENUE CITY-ST-ZIP: NEW ORLEANS LA 70115	
TITLE: D NAME: YOUNG, JOSEPH STREET ADDRESS: 4100 ST. CHARLES AVENUE CITY-ST-ZIP: NEW ORLEANS, LA 70115		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	**DO NOT WRITE IN THIS SPACE**
TITLE: D NAME: DAVIDSON, M.D., GENE L STREET ADDRESS: 2410 W. PLAZA DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32303		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	**DO NOT WRITE IN THIS SPACE**
TITLE: T/D NAME: COE, WILLIAM STREET ADDRESS: 4905 ST. CHARLES AVE. CITY-ST-ZIP: NEW ORLEANS, LA 70115		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: S/D NAME: SCHIMEK, DENISE VILLERE STREET ADDRESS: 6506 OAKLAND DRIVE CITY-ST-ZIP: NEW ORLEANS LA 70118		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

(504) 822-3937

SIGNATURE: Robert A. Schimek M.D. ROBERT A. SCHIMEK M.D. P/M/D 06-14-2002