2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# 735477

Entity Name: HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.

Current Principal Place of Business:

2410 WEST PLAZA DRIVE
C/O DAVIDSON, M.D., GENE L
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

C/O SCHIMEK, M.D., ROBERT A.
3217 CANAL STREET
NEW ORLEANS, LA 70119 US

New Mailing Address:

FEI Number: 59-1694261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIDSON, GENE L.
2410 WEST PLAZA DRIVE
TALLAHASSEE, FL 32303 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:	PDM	( ) Delete
Name:	SCHIMEK, M.D., ROBERT A	
Address:	3217 CANAL STREET	
City-St-Zip:	NEW ORLEANS, LA 70119	
Title:	D	( ) Delete
Name:	SLATTEN, CECILIA,	
Address:	203 WALNUT STREET	
City-St-Zip:	NEW ORLEANS, LA 70118	
Title:	D	( ) Delete
Name:	YOUNG, JOSEPH	
Address:	4100 ST CHARLES AVE.	
City-St-Zip:	NEW ORLEANS, LA 70115	
Title:	DC	( ) Delete
Name:	DAVIDSON, GENE L.,	
Address:	2410 W. PLAZA DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	T/D	( ) Delete
Name:	COE, WILLIAM	
Address:	4905 ST. CHARLES AVE.	
City-St-Zip:	NEW ORLEANS, LA 70115	
Title:	VD	( ) Delete
Name:	NELSON, SUSIE	
Address:	300 LAKE MARINA DR.	
City-St-Zip:	NEW ORLEANS, LA 70124	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT A. SCHIMEK, M.D. PDM 06/30/2004
Electronic Signature of Signing Officer or Director — Date