

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735477

FILED
Jul 22, 2005
Secretary of State

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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIDSON, GENE L.
2410 WEST PLAZA DRIVE
TALLAHASSEE, FL 32303 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: 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: VD (X) Change () Addition
Name: COE, YVONNE
Address: 4905 ST. CHARLES AVE.
City-St-Zip: NEW ORLEANS, LA 70115

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

07/22/2005

Electronic Signature of Signing Officer or Director

Date