2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 735477

1. Entity Name

HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.

Principal Place of Business	Mailing Address
2410 WEST PLAZA DRIVE C/O DAVIDSON, M.D., GENE L. TALLAHASSEE FL 32303	C/O SCHIMEK, M.D., ROBERT A. 3217 CANAL STREET NEW ORLEANS LA 70119 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1694261 — Applied For — Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIDSON, GENE L. 2410 WEST PLAZA DRIVE TALLAHASSEE FL 32303	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDM SCHIMEK, M.D., ROBERT A 3217 CANAL STREET NEW ORLEANS LA 70119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000000442582 03/04/06 80026 004 70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLATTEN, CECILIA 203 WALNUT STREET NEW ORLEANS LA 70118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, JOSEPH 4100 ST CHARLES AVE. NEW ORLEANS LA 70115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC DAVIDSON, GENE L. 2410 W. PLAZA DRIVE TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D COE, WILLIAM 4905 ST. CHARLES AVE. NEW ORLEANS LA 70115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COE, YVONNE 4905 ST. CHARLES AVE. NEW ORLEANS LA 70115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

President, Director 02/15/06

Robert A. Schimek, M.D. Phone (504) 834 5858