2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2007 8:00 am Secretary of State

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	MENT # 735477							
1. Entity Name HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.								
HUGU SC	HIMEK MEMORIAL EYE F	•						
				11.51	i			
Principal Place	s of Business	Mailing Address						
2410 WEST F		C/O SCHIMEK, M.D., RC	BERT A		WOIE DAT	1 6-6010	٥(
C/O DAVIDSO	N, M.D., GENE L	C/O SCHIMEK, M.D., RO 3217 CANAL STREET NEW ORLEANS, LA -70	-474-1	VET 5	INCIP COO	70005	J1	
TALLAHASSE	E, FL 32303	NEW ORLEANS, LA-70	119 US JY	(EIN			DIGO SION EIGH GIGO	ini et indi
2 Oringinal Pl	lace of Business - No.P.O. Box #	3. Mailing Address						
DAVID	SON, M.D., Gene L.	Suite, Apt. #, etc.	M.D., Rol	pert &		B38() (BBA) (BB) A18() E(B)	Bibii Bibii Bibii Bibii	(5) 01 1011
Suite, Apt.	West PLAZA DRIVE	IERD, St	e.101	02162007 Chg-	NP CR2E	037 (12/06)		
City & State		City & State METAIRIE, L	 -		4. FEI Number 59-1694261			plied For t Applicable
Zip	Country	Zip -	Country				\$8.75 Add	
323	D3 USA	70005	USA		5. Certificate of Status	Desired 🙀	Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Addres	s of New Registere	d Agent	
DAVIDSON	T) V OSNE I		Name	•				ı
	N, GEINE L. T PLAZA DRIVE		Street	Street Address (P.O. Box Number is Not Acceptable)				
	SSEE, FL 32303		<u> </u>					
			City			F	Zip Code	•
R The above	named entity submits this statement for	or the purpose of changing its	ranistered office	or register	and agent, or both, in the			and accept
	ions of registered agent.	Title purpose or origing no	Hedigialan numa	Ortegiator	ed agent, or oom, in the	State of Fiorida, 12	an rantinar water.	anu accepi
!]								
SIGNATURE .	<u> </u>							
l	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sig	nature required	l when reinstating)	DAT	E	
	Filling Fee is \$61.25	9. Election Ca	mpaign Financing		\$5.00 May Be	Make ch	eck payable to)
	Due by May 1, 2007		Contribution.	´ 🗆	Added to Fees		partment of St	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10
TITLE	PDM	☐ Delete	TITLE	B		1	☐ Change	Addition
NAME	SCHIMEK, M.D., ROBERT A	· ····································	NAME	100	enise Jch	imek_		
	2247.04MAL.020ED# 1.4-11.	1 WIPTコロロロロ	🗸 👢 STREET ADDRES		AL - CATION AN	UD DRIVE	_	
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CITY-ST-ZIP TITLE	NEW ORLEADIS, LA 70119 P	1ETAIRIE, LA.760	CITY-ST-ZIP	_ N EN	MOKERNA	11-17. 10.	Change	Addition
CITY-ST-ZIP TITLE NAME	D SLATTEN, CECILIA	1ETAIKIE, LA: 700	TITLE NAME	_ N EN	MOKERNA	11-17. 10.		Addition
CITY-ST-ZIP TITLE	SLATTEN, CECILIA 203 WALNUT STREET	1ETAIKIE, LA: 700	CITY-ST-ZIP	_ N EN	WORLEANS ATTEN, Ce deceased	11-17. 10.		Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	SLATTEN, CECILIA 203 WALTHUT STREET NEW ORLEANS, LA 70118	1ETAIKIE, LA: 700	TITLE NAME STREET ADDRES	_ N EN	MOKERNA	11-17. 10.		Addition
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ROBERT H. SCHIMEK, MLD