

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2007 90002 037 ****70.00

DOCUMENT # 735477 1. Entity Name HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.																																							
Principal Place of Business 2410 WEST PLAZA DRIVE C/O DAVIDSON, M.D., GENE L. TALLAHASSEE, FL 32303		Mailing Address C/O SCHIMEK, M.D., ROBERT A. 3217 CANAL STREET 474-METAIRIE Road Ste 101 NEW ORLEANS, LA 70119 US METAIRIE, LA. 70005																																					
2. Principal Place of Business - No P.O. Box # DAVIDSON, M.D., Gene L.		3. Mailing Address C/O SCHIMEK, M.D., Robert A.																																					
Suite, Apt. #, etc. 2410 WEST PLAZA DRIVE		Suite, Apt. #, etc. 474-METAIRIE RD, Ste. 101																																					
City & State TALLAHASSEE, FL.		City & State METAIRIE, LA.																																					
Zip 32303	Country USA	Zip 70005	Country USA																																				
6. Name and Address of Current Registered Agent DAVIDSON, GENE L. 2410 WEST PLAZA DRIVE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																					
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																																							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
Make check payable to Florida Department of State																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">PDM SCHIMEK, M.D., ROBERT A 3217 CANAL STREET 474 Metairie Rd. NEW ORLEANS, LA 70119 METAIRIE, LA. 70005</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>SLATTEN, CECILIA 203 WALNUT STREET NEW ORLEANS, LA 70118</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>YOUNG, JOSEPH 4100 ST CHARLES AVE. NEW ORLEANS, LA 70115</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>DC DAVIDSON, GENE L. 2410 W. PLAZA DRIVE TALLAHASSEE, FL 32303</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>T/D COE, WILLIAM 4905 ST. CHARLES AVE. NEW ORLEANS, LA 70115</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>VD COE, YVONNE 4905 ST. CHARLES AVE. NEW ORLEANS, LA 70115</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">D Denise Schimek 6506 - OAKLAND DRIVE NEW ORLEANS, LA. 70118</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>SLATTEN, Cecilia is deceased</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>				TITLE	PDM SCHIMEK, M.D., ROBERT A 3217 CANAL STREET 474 Metairie Rd. NEW ORLEANS, LA 70119 METAIRIE, LA. 70005	<input type="checkbox"/> Delete	TITLE	SLATTEN, CECILIA 203 WALNUT STREET NEW ORLEANS, LA 70118	<input checked="" type="checkbox"/> Delete	TITLE	YOUNG, JOSEPH 4100 ST CHARLES AVE. NEW ORLEANS, LA 70115	<input type="checkbox"/> Delete	TITLE	DC DAVIDSON, GENE L. 2410 W. PLAZA DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE	T/D COE, WILLIAM 4905 ST. CHARLES AVE. NEW ORLEANS, LA 70115	<input type="checkbox"/> Delete	TITLE	VD COE, YVONNE 4905 ST. CHARLES AVE. NEW ORLEANS, LA 70115	<input type="checkbox"/> Delete	TITLE	D Denise Schimek 6506 - OAKLAND DRIVE NEW ORLEANS, LA. 70118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	SLATTEN, Cecilia is deceased	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 full other like empowered.																																							
SIGNATURE: <u>Robert A. Schimek MD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>03/22/2007</u> Daytime Phone #: <u>(504) 834-5858</u>																																					

Robert A. SCHIMEK, MD
 President & Managing Executive Director