


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90026 049 ****70.00

DOCUMENT # 735477	
1. Entity Name HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.	

Principal Place of Business DAVIDSON, M.D., GENE L. 2410 WEST PLAZA DRIVE TALLAHASSEE, FL 32303	Mailing Address C/O SCHIMEK, M.D., ROBERT A. 474 METAIRIE RD, STE 101 METAIRIE, LA 70005 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Robert Schimek, M.D.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State 3217 Canal St. New Orleans, LA. 70119	
Zip	Country	Zip	Country
		70119	USA

40055201



03252008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1694261	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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	
		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PDM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMEK, M.D., ROBERT A	NAME	
STREET ADDRESS	474 METAIRIE RD	STREET ADDRESS	
CITY-ST-ZIP	METAIRIE, LA 70005	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMEK, DENISE	NAME	
STREET ADDRESS	6506 OAKLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS, LA 70118	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JOSEPH	NAME	
STREET ADDRESS	4100 ST CHARLES AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS, LA 70115	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, GENE L.	NAME	
STREET ADDRESS	2410 W. PLAZA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COE, WILLIAM	NAME	
STREET ADDRESS	4905 ST. CHARLES AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS, LA 70115	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COE, YVONNE	NAME	
STREET ADDRESS	4905 ST. CHARLES AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS, LA 70115	CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: Robert A. Schimek **March 31, 2008** (504) 822-3937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #