

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735477

FILED
Mar 15, 2011
Secretary of State

Entity Name: HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.

Current Principal Place of Business:

DAVIDSON, M.D., GENE L.
3218 PABLO CREEK WAY
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT SCHIMEK, M.D.
3217 CANAL ST.
NEW ORLEANS, LA 70119 US

New Mailing Address:

FEI Number: 59-1694261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, GENE L.
3218 PABLO CREEK WAY
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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
Name: SCHIMEK, M.D., ROBERT A
Address: 3217 CANAL STREET
City-St-Zip: NEW ORLEANS,, LA 70119 US

Title: D
Name: SCHIMEK, DENISE
Address: 6506 OAKLAND DRIVE
City-St-Zip: NEW ORLEANS, LA 70118 US

Title: D
Name: YOUNG, JOSEPH
Address: 4100 ST CHARLES AVE.
City-St-Zip: NEW ORLEANS, LA 70115 US

Title: DC
Name: DAVIDSON, GENE L.
Address: 3218 PABLO CREEK WAY
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: T/D
Name: COE, WILLIAM
Address: 4905 ST. CHARLES AVE.
City-St-Zip: NEW ORLEANS, LA 70115 US

Title: VD
Name: COE, YVONNE
Address: 4905 ST. CHARLES AVE.
City-St-Zip: NEW ORLEANS, LA 70115 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. SCHIMEK MD

PDM

03/15/2011

Electronic Signature of Signing Officer or Director

_____ Date