

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000000309

FILED
Nov 11, 2004
Secretary of State

Entity Name: RETINA RESEARCH FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

GLADES TOWER 1, 950 GLADES RD.
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

GLADES TOWER 1, 950 GLADES RD.
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0976450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DASZKAL, MICHAEL
3230 STIRLING RD.
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

DASZKAL, MICHAEL
2401 NW BOCA RATON BLVD
BOCA RATON, FL 33431 US

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: MICHAEL DASZKAL

11/11/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUBSAMEN, PATRICK M.D.
Address: GLADES TOWER 1, 950 GLADES RD.
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: MORRISON, WILLIAM
Address: NORTHERN TRUST BANK
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: HALPERIN, LAWRENCE S M.D.
Address: 5601 N. DIXIE HWY.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: D (X) Delete
Name: WINN, SAMUEL M M.D.
Address: 2740 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMPSON, SCOTT M.D.
Address: GLADES TOWER 1, 950 GLADES RD
City-St-Zip: BOCA RATON, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK RUBSAMEN, M.D.

PRES

11/11/2004

Electronic Signature of Signing Officer or Director

Date