

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2006  
Secretary of State**

DOCUMENT# N01000005617

Entity Name: AMERICAN FOUNDATION FOR VISUAL REHABILITATION, INC.

**Current Principal Place of Business:**

5333 NORTH DIXIE HIGHWAY  
SUITE 101  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

5333 NORTH DIXIE HIGHWAY  
SUITE 101  
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

FEI Number: 65-1131134      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GANNON, MARC J  
5333 NORTH DIXIE HIGHWAY  
SUITE 101  
FORT LAUDERDALE, FL 33334 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: PD ( ) Delete  
Name: GANNON, MARC J DR.  
Address: 20827 SONRISA WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: VD ( ) Delete  
Name: GANNON, SEAN J  
Address: 20827 SONRISA WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: TD ( ) Delete  
Name: SEIDMAN, HARRY  
Address: 6734 NEWPORT LAKE CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GANNON, MARC J DR.  
Address: 2730 NE 29 TH STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MARC JAY GANNON

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date