

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003785

FILED
Feb 26, 2009
Secretary of State

Entity Name: STROBIS GLAUCOMA FOUNDATION, INC.

Current Principal Place of Business:

C/O JOHN A. STROBIS, M.D., P.A.
880 NW 13TH STREET
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

C/O JOHN A. STROBIS, M.D., P.A.
880 NW 13TH STREET
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 03-0439852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARNETT, LESNICK & RIPPS P.A.
150 EAST PALMETTO PARK ROAD
BOCA RATON, FL 33432 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: STROBIS, JOHN A M.D.
Address: 880 NW 13TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: VPD () Delete
Name: BLUESTEIN, DEANNA
Address: 2911 SW 20TH TERRACE
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: HARNETT, BERTRAM ESQ.
Address: 150 EAST PALMETTO PARK ROAD, SUITE 500
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JOHN A STROBIS, M.D.

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date