

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004323

FILED
Mar 29, 2005
Secretary of State

Entity Name: VITREORETINAL AND MACULA RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

602 S MACDILL AVENUE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

602 S MACDILL AVENUE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 05-0578787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMER, MARK E MD
602 S MACDILL AVENUE
TAMPA, FL 33609 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: D () Delete
Name: GRIZZARD, W. SANDERSON
Address: 602 S MACDILL AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: HAMMER, MARK E
Address: 602 S MACDILL AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: MACKEEN, DONALD L
Address: 542 FALLBROOK DRIVE
City-St-Zip: VENICE, FL 34262

Title: D () Delete
Name: LEDING, MICHAEL J JR
Address: 4302 HENDERSON BLVD SUITE 112
City-St-Zip: TAMPA, FL 33629

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:

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

SIGNATURE: JENNIFER ECHEVERRY

MS

03/29/2005

Electronic Signature of Signing Officer or Director

Date