

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000006859

**FILED**  
**Oct 29, 2004**  
**Secretary of State****Entity Name:** THE SURGICAL EYES FOUNDATION, INC.**Current Principal Place of Business:**533 SOUTH HOWARD  
#842  
TAMPA, FL 33606**New Principal Place of Business:****Current Mailing Address:**533 SOUTH HOWARD  
#842  
TAMPA, FL 33606**New Mailing Address:****FEI Number:** 13-4059508      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**LINK, RONALD J  
607 SOUTH ALBANY  
#5  
TAMPA, FL 33606 US**Name and Address of New Registered Agent:**WALKER, KRIS  
533 SOUTH HOWARD  
#842  
TAMPA, FL 33606 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: KRIS WALKER

10/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** ED      ( ) Delete  
**Name:** LINK, RONALD J  
**Address:** 607 SOUTH ALBANY, #5  
**City-St-Zip:** TAMPA, FL 33606**Title:** P      ( ) Delete  
**Name:** BOGART, ADAM  
**Address:** 3107-373 FRONT STREET WEST  
**City-St-Zip:** TORONTO, CA M5V 3R7 CA**Title:** S      ( ) Delete  
**Name:** JONES, ALLAN  
**Address:** 1005 JOYCE CT.  
**City-St-Zip:** VENICE, FL 34293**Title:** T      ( ) Delete  
**Name:** LEVIN, JAMES  
**Address:** 3099 VINE CT.  
**City-St-Zip:** CLEVELAND, OH 44113 US**Title:** T      ( ) Delete  
**Name:** BELL, SAM  
**Address:** 7541 FIREOAK DRIVE  
**City-St-Zip:** AUSTIN, TX 78759**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ED      (X) Change ( ) Addition  
**Name:** HARTZOK, DAVID L  
**Address:** 71 BRUMBAUGH AVENUE  
**City-St-Zip:** CHAMBERSBURG, PA 17201 US**Title:** P      (X) Change ( ) Addition  
**Name:** BERNEY, BARBARA D  
**Address:** 402 PARIS AVENUE  
**City-St-Zip:** ROCKFORD, IL 61107 US**Title:** T      (X) Change ( ) Addition  
**Name:** MCQUISTON, LIBBY  
**Address:** 52 LOCHNESS LANE  
**City-St-Zip:** SAN RAFAEL, CA 94901 US**Title:** T      (X) Change ( ) Addition  
**Name:** ROSS, BRENDA  
**Address:** P.O. BOX 333  
**City-St-Zip:** MOLALLA, OR 97038 US**Title:** T      (X) Change ( ) Addition  
**Name:** WOODLOCK, LESLIE  
**Address:** 6322 DORAL DRIVE  
**City-St-Zip:** HUNTINGTON BEACH, CA 92648 US**Title:** T      ( ) Change (X) Addition  
**Name:** TRATTLER, WILLIAM  
**Address:** 8940 NORTH KENDALL DRIVE; #400E  
**City-St-Zip:** MIAMI, FL 33176 US

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: BARBARA D. BERNEY

P

10/29/2004

Electronic Signature of Signing Officer or Director

Date