2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2011
Secretary of State

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Entity Name: RETINA CARE RESEARCH INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

3399 PGA BLVD SUITE 350
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

3399 PGA BLVD SUITE 350
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 27-0259100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER, PA
660 US HIGHWAY ONE, THIRD FLOOR
NORTH PALM BEACH, FL 33408 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
Name: MICHELS, MARK
Address: 648 SHORE DR
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D
Name: LAVINA, ADRIAN
Address: 605 INLET RD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D
Name: SHAPIRO, STEVEN
Address: 18407 SE LAKESIDE DR
City-St-Zip: TEQUESTA, FL 33469 US

I hereby 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 all other like empowered.

SIGNATURE: MARK MICHELS D 01/13/2011

Electronic Signature of Signing Officer or Director Date