

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005210

FILED  
Feb 07, 2012  
Secretary of State

**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

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date