

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000009624

FILED
Mar 26, 2014
Secretary of State

Entity Name: FLORIDA GLAUCOMA SOCIETY, INC.

Current Principal Place of Business:

C/O STEVEN J. GEDDE, VICE PRESIDENT
5765 SW 117TH ST.
CORAL GABLES, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

C/O STEVEN J. GEDDE, VICE PRESIDENT
5765 SW 117TH ST.
CORAL GABLES, FL 33156 US

New Mailing Address:

FEI Number: 27-0406857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEDDE, STEVEN J MD
5765 SW 117TH STREET
CORAL GABLES, FL 33156 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: STEVEN J GEDDE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GREENFIELD, DAVID S MD
Address: 7101 FAIRWAY DR
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VP
Name: GEDDE, STEVEN J MD
Address: 900 NW 17TH ST
City-St-Zip: MIAMI, FL 33136 US

Title: S
Name: LEE, RICHARD K MD
Address: 900 NW 17TH STREET
City-St-Zip: MIAMI, FL 33136 US

Title: T
Name: KISHOR, KRISHNA S MD
Address: 143 VIERA DR
City-St-Zip: PALM BEACH GARDENS, FL 33418 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: KRISHNA S KISHOR

T

03/26/2014

Electronic Signature of Signing Officer or Director

Date