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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N21894

1. Entity Name
UNIVERSITY ADMINISTRATORS OF OPHTHALMOLOGY, INC.

60038225

Principal Place of Business	Mailing Address
BASCOM PALMER EYE INSTITUTE 1638 N.W. 10TH AVENUE MIAMI, FL 33136 US	BASCOM PALMER EYE INSTITUTE P.O. BOX 015869 MIAMI, FL 33101 US

2. Principal Place of Business	3. Mailing Address
Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01272005 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0024013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODGERS, COREEN BASCOM PALMER EYE INSTITUTE 1638 N.W. 10TH AVENUE MIAMI, FL 33136	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FORMES, CHERYL 5323 HARRY MINDS BLVD DALLAS, TX 753909057	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Smith, Jonathan 100 Stein Plaza, Suite 2-142 - Los Angeles, CA 90085	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, JONATHAN D 100 STEIN PLAZA, SUITE 2-142 LOS ANGELES, CA 90095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Badgley, Daniel one Ford Place, 5A ; Detroit, MI 48202	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DESOUZA, THELMA 10 KIRKHAM K-301 SAN FRANCISCO, CA 94143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theresa de Sa 5/4/06 415-502-1127
(SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER) (Date) (Daytime Phone #)