2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State
08-07-2007 90026 024 ****61.25

DOCUMENT # N21894

1. Entity Name
UNIVERSITY ADMINISTRATORS OF OPHTHALMOLOGY, INC.

40128377

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

06082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

Filing Fee is $61.25
Due by September 14, 2007

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 SMITH, JONATHAN 100 STEIN PLAZA STE 2-142 LOS ANGELES, CA 90085	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BADGLEY, DANIEL ONE PLAZA PLACE DETROIT, MI 48202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	Treasurer Kathy Austin 8555 W. Dodge Med Center Omaha Ne 68198-5540 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Cheryl Atkins-Lubinski 511 39th Street, Phila, PA 19104 ☐ 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: Jonathan Smith 7/21/07 (310) 206-6641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
401283777
#N21894

April 30, 2007

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Good mornings,

Attached is the Not-For-Profit Corporation fees for 2007.

University Administrators of Ophthalmology, Inc.

I did not receive the form this year. I tried numerous times to print it off the Internet - sunbiz.org, but received numerous messages: "CGI Timeout - The specified CGI app... exceeded the allowed time for processing. The Server has deleted the process."
Because I do not want to delay payment. A check for $61.25 is attached without the form.

Please accept my apology. I had surgery for a broken right shoulder & have been recuperating.

Please feel free to contact me at 415-269-0089 if you have any questions. I will attempt to submit the form again when I return to work on June 1, 2007.

Thank you for your understanding.

Sincerely,

Thelma de Souza
Secretary -
UAO, Inc.

Name & address of current agent
Coreen Rodgers
Bascom Palmer Eye Institute
1638 N.W. 10th Ave.
Miami, FL, 33136.