

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21894

FILED
Jan 17, 2009
Secretary of State

Entity Name: UNIVERSITY ADMINISTRATORS OF OPHTHALMOLOGY, INC.

Current Principal Place of Business:

BASCOM PALMER EYE INSTITUTE
1638 N.W. 10TH AVENUE
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

BASCOM PALMER EYE INSTITUTE
P.O. BOX 015869
MIAMI, FL 33101 US

New Mailing Address:

UNMC DEPARTMENT OF OPHTHALMOLOGY
985540 NEBRASKA MEDICAL CENTER
OMAHA, NE 68198-554 US

FEI Number: 65-0024013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODGERS, COREEN
BASCOM PALMER EYE INSTITUTE
1638 N.W. 10TH AVENUE
MIAMI, FL 33136 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: PD () Delete
Name: SMITH, JONATHON
Address: 100 STEIN PLAZA STE 2-142
City-St-Zip: LOS ANGELES, CA 90085

Title: VD () Delete
Name: BADGLEY, DANIEL
Address: ONE PLAZA PLACE
City-St-Zip: DETROIT, MI 48202

Title: STD () Delete
Name: AUSTIN, KATHY
Address: 985540 NE MED CENTER
City-St-Zip: OMAHA, NE 68198

Title: S () Delete
Name: ATKINS-LUBINSKI, CHERYL
Address: 51 N 39TH ST
City-St-Zip: PHILADELPHIA, PA 19104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: SMITH, JONATHON
Address: 100 STEIN PLAZA STE 2-142
City-St-Zip: LOS ANGELES, CA 90085

Title: PD (X) Change () Addition
Name: BADGLEY, DANIEL
Address: ONE PLAZA PLACE
City-St-Zip: DETROIT, MI 48202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHY AUSTIN

MRS

01/17/2009

Electronic Signature of Signing Officer or Director

Date