2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2011
Secretary of State

DOCUMENT# N21894

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:

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

New Mailing Address:

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: PP
Name: SCHECHTMAN, PERRY B
Address: 1000 WALL STREET
City-St-Zip: ANN ARBOR, MI 48105

Title: VP
Name: IMBRESCIA, WAYNE
Address: 65 MARIO CAPECCHI DRIVE
City-St-Zip: SALT LAKE CITY, UT 84132

Title: TD
Name: AUSTIN, KATHY
Address: 985540 NE MED CENTER
City-St-Zip: OMAHA, NE 68198

Title: S
Name: FARBER, SHARI
Address: 660 S EUCLID AVE BOX 8096
City-St-Zip: ST LOUIS, MO 63110

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: KATHY AUSTIN TD 01/24/2011

Electronic Signature of Signing Officer or Director — Date