

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N47817

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** THE FOUNDATION TO CURE GLAUCOMA, INC.

**Current Principal Place of Business:**

3930 BEE RIDGE ROAD  
SUITE B, BLDG. F  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 992  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 38-1446628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HURVITZ, LAWRENCE  
3930 BEE RIDGE RD.  
SUITE B, BLDG. F  
SARASOTA, FL 34233 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:** LAWRENCE HURVITZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HATTAWAY, CHARLES  
**Address:** 5731 RAVENWOOD DRIVE  
**City-St-Zip:** SARASOTA, FL 34243

**Title:** VTS  
**Name:** RILEY, WILLIAM E  
**Address:** 715 NORTH WASHINGTON BLVD, STE D  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** D  
**Name:** HURVITZ, LAWRENCE MD  
**Address:** 3930 BEE RIDGE ROAD  
**City-St-Zip:** SARASOTA, FL 34233

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:** WILLIAM E. RILEY

VTS

10/01/2010

Electronic Signature of Signing Officer or Director

Date