2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 23, 2006 08:00 AM
Secretary of State

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1. Entity Name
THE GRAJEWSKI/LYRA FOUNDATION FOR PEDIATRIC & INFANTILE GLAUCOMA, INC.

Principal Place of Business	Mailing Address
1295 NW 14TH ST D MIAMI, FL 33125	1295 NW 14TH ST D MIAMI, FL 33125

01172006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0789753
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAJEWSKI, ALANA L
2838 BRICKELL AVENUE
MIAMI, FL 33129

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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 reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALANA L GRAJEWSKI
STREET ADDRESS	2838 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MD
NAME	CARLOS LYRA
STREET ADDRESS	1300 S OCEAN BLVD #806
CITY-ST-ZIP	POMPANO BCH, FL 33067
TITLE	SD
NAME	ELIZABETH A HODAPP
STREET ADDRESS	245 E RIVO ALTO DR
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	CFOD
NAME	JAY R GROSSMAN
STREET ADDRESS	2838 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MD
NAME	DEAN O ZIFF
STREET ADDRESS	2999 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	T
NAME	SMITH, NANCY C
STREET ADDRESS	11421 TAFT STREET
CITY-ST-ZIP	PEMPBROKE PINES, FL 33026

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01/30/06-80022-015 61.25

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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: Nancy C Smith 1/17/06 305-817-3668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #