

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004870

FILED
Feb 16, 2011
Secretary of State

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

Current Principal Place of Business:

5979 NW 151 ST
221
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5979 NW 151 ST
221
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0789753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, NANCY C
5979 NW 151 ST
221
MIAMI LAKES, FL 33014 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
Name: GRAJEWSKI, ALANA
Address: 5979 NW 151 ST #221
City-St-Zip: MIAMI LAKES, FL 33014

Title: MD
Name: LYRA, CARLOS
Address: 1300 S OCEAN BLVD #806
City-St-Zip: POMPANO BCH, FL 33067

Title: SD
Name: HODAPP, ELIZABETH A
Address: 245 E RIVO ALTO DR
City-St-Zip: MIAMI BCH, FL 33139

Title: MD
Name: ZIFF, DEAN
Address: 2999 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129

Title: T
Name: SMITH, NANCY C
Address: 11421 TAFT STREET
City-St-Zip: PEMPBROKE PINES, FL 33026

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: NANCY C. SMITH

TR

02/16/2011

Electronic Signature of Signing Officer or Director

Date