2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# N99000001020

Entity Name: OCULAR SURFACE RESEARCH & EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

7000 SW 97 AVE
SITE 212
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

7000 SW 97 AVE
SITE 212
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0899157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TSENG, AMY H
10000 SW 63RD PLACE
PINECREST, FL 33156 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:	TS	( ) Delete
Name:	TSENG, AMY H	
Address:	10000 SW 63 PL	
City-St-Zip:	PINECREST, FL 33156	
Title:	D	( ) Delete
Name:	TSENG, SCHEFFER MD PHD	
Address:	10000 SW 63 PLACE	
City-St-Zip:	PINECREST, FL 33156	
Title:	DP	( ) Delete
Name:	YEH, BILLY DR	
Address:	13145 OLD CUTLER ROAD	
City-St-Zip:	PINECREST, FL 33156	
Title:	D	( ) Delete
Name:	MASKIN, STEVE M D	
Address:	508 S HABANA AVE , SUITE 350	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	SHEN, ALICE DDS	
Address:	2335 MONTECITO DRIVE	
City-St-Zip:	SAN MARINO, CA 91108	
Title:	D	( ) Delete
Name:	SUN, TUNG- TIEN PHD	
Address:	550 FIRST AVE	
City-St-Zip:	NEW YORK, NY 10016	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: AMY H TSENG TS 01/26/2006

Electronic Signature of Signing Officer or Director — Date