


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90026 011 ****61.25

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|--|--|---|---|---|--|
| DOCUMENT # N99000001020 | | | |  | |
| 1. Entity Name OCULAR SURFACE RESEARCH & EDUCATION FOUNDATION, INC. | | | | | |
| Principal Place of Business 7000 SW 97 AVE SITE 212 MIAMI, FL 33173 US | | | Mailing Address 7000 SW 97 AVE SITE 212 MIAMI, FL 33173 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01312007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 65-0899157 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| TSENG, AMY H 10000 SW 63RD PLACE PINECREST, FL 33156 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS TSENG, AMY H 10000 SW 63 PL PINECREST, FL 33156 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAJU, V.K. 1460 ANDERSEN AVE MORGANTOWN WV 26505 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TSENG, SCHEFFER MD PHD 10000 SW 63 PLACE PINECREST, FL 33156 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TSUBOTA, KAZUO 5-11-13 SUGANO, ICHIKAWA-SHI CHIBA, JAPAN 272-8-13 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP YEH, BILLY DR 13145 OLD CUTLER ROAD PINECREST, FL 33156 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MASKIN, STEVE M D 508 S HABANA AVE, SUITE 350 TAMPA, FL 33609 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHEN, ALICE DDS 2335 MONTECITO DRIVE SAN MARINO, CA 91108 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUN, TUNG-TIEN PHD 550 FIRST AVE NEW YORK, NY 10016 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 an other like empowered. | | | | | |
| SIGNATURE: _____ | | | AMY H TSENG, TREASURER | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: Feb 7, 2007 | | |

(305) 4124430