

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718991

**Entity Name:** THE OPHTHALMOLOGY RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

1638 NORTHWEST 10TH AVENUE  
MIAMI, FL 33136

**Current Mailing Address:**

1638 NORTHWEST 10TH AVENUE  
MIAMI, FL 33136

**FEI Number: 23-7081974**

**Certificate of Status Desired: No**

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

MILLER, ALISON W ESQ.  
STEARNS WEAVER MILLER WEISSLER  
150 WEST FLAGLER STREET SUITE 2200  
MIAMI, FL 33130 US

*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:** ALISON W. MILLER

04/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name CLARKSON, JOHN DR.  
Address 1638 N.W. 10TH AVENUE  
City-State-Zip: MIAMI FL 33136

Title PRESIDENT, DIRECTOR  
Name ALFONSO, EDUARDO C DR.  
Address 1638 N.W. 10TH AVE.  
City-State-Zip: MIAMI FL 33136

Title SECRETARY, DIRECTOR  
Name PARRISH, RICHARD DR.  
Address 1638 NW 10TH AVE  
City-State-Zip: MIAMI FL 33136

Title MEMBER AT LARGE  
Name GEDDE, STEVEN DR.  
Address 1638 NW 10TH AVE.  
City-State-Zip: MIAMI FL 33136

Title OTHER  
Name BERCUSON, MARLA J  
Address 1638 NORTHWEST 10TH AVENUE  
City-State-Zip: MIAMI FL 33136

Title MEMBER AT LARGE  
Name TSE, DAVID DR.  
Address 1638 NORTHWEST 10TH AVENUE  
City-State-Zip: MIAMI FL 33136

Title MEMBER AT LARGE  
Name KARP, CAROL DR.  
Address 1638 NORTHWEST 10TH AVENUE  
City-State-Zip: MIAMI FL 33136

*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:** MARLA BERCUSON

**AUTHORIZED  
REPRESENTATIVE**

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date