

2014 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

01/28/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title ED
Name GITTELMAN, MICHAEL
Address 1638 NW 10TH AVE.
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: EDUARDO C. ALFONSO, MD

SECRETARY/TREASURER 01/28/2014

Electronic Signature of Signing Officer/Director Detail

Date