

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009624

**FILED**  
**Feb 09, 2018**  
**Secretary of State**  
**CC7082385959**

**Entity Name:** FLORIDA GLAUCOMA SOCIETY, INC.

**Current Principal Place of Business:**

C/O STEVE LITINSKY MD  
16201 S MILITARY TRAIL  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

C/O STEVE LITINSKY MD  
16201 S MILITARY TRAIL  
DELRAY BEACH, FL 33484 US

**FEI Number:** 27-0406857

**Certificate of Status Desired:** No

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

LITINSKY, STEVE MD  
16201 S MILITARY TRAIL  
DELRAY BEACH, FL 33484 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:** STEVE LITINSKY

02/09/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name GREENFIELD, DAVID S MD  
Address 7101 FAIRWAY DRIVE  
ROOM A-292  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MEMBER AT LARGE  
Name GEDDE, STEVEN J MD  
Address 900 NW 17TH STREET  
City-State-Zip: MIAMI FL 33136

Title MEMBER AT LARGE  
Name LEE, RICHARD K MD  
Address 900 NW 17TH STREET  
City-State-Zip: MIAMI FL 33136

Title VP  
Name KISHOR, KRISHNA S MD  
Address 7101 FAIRWAY DRIVE  
ROOM A-286  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT  
Name LITINSKY, STEVE MD  
Address 16201 S MILITARY TRAIL  
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY  
Name WERNER, MARK MD  
Address 16201 S MILITARY TRAIL  
City-State-Zip: DELRAY BEACH FL 33484

Title TREASURER  
Name WELLIK, SARAH MD  
Address 8100 SW 10TH STREET  
3RD FLOOR  
City-State-Zip: PLANTATION FL 33324

Title EXECUTIVE DIRECTOR  
Name CHANG, PETER MD  
Address 900 NW 17TH STREET  
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:** SARAH WELLIK

TREASURER

02/09/2018

Electronic Signature of Signing Officer/Director Detail

Date