

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

DOCUMENT# F12000002555

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**9118834046CC**

**Entity Name:** CURE FOR BLINDNESS, INC.

**Current Principal Place of Business:**

1680 MICHIGAN AVE SUITE 700  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1680 MICHIGAN AVE SUITE 700  
MIAMI BEACH, FL 33139 US

**FEI Number:** 27-1469340

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHT  
Name KOVNER, MATTHEW  
Address C/O CURE FOR BLINDNESS, INC.  
1680 MICHIGAN AVE SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title S  
Name KOVNER, PETER  
Address C/O CURE FOR BLINDNESS, INC.  
1680 MICHIGAN AVE SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name KOVNER, MICHAEL  
Address C/O CURE FOR BLINDNESS, INC.  
1680 MICHIGAN AVE SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name HART, DANIEL  
Address C/O CURE FOR BLINDNESS, INC.  
1680 MICHIGAN AVE SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name FOTIS, JARED  
Address C/O CURE FOR BLINDNESS, INC.  
1680 MICHIGAN AVE SUITE 700  
City-State-Zip: MIAMI BEACH FL 33139

*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:** MATTHEW KOVNER

**CHAIRMAN &  
TREASURER**

**04/24/2019**

Electronic Signature of Signing Officer/Director Detail

Date