

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004586

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** EMMETROPE OPHTHALMICS, LLC

**Current Principal Place of Business:**

560 VITTORIO AVE.  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

560 VITTORIO AVE.  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 45-3249706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLDBERG, JEFFREY  
560 VITTORIO AVE.  
CORAL GABLES, FL 33146 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOLDBERG, JEFFREY  
Address: 560 VITTORIO AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR  
Name: GOLDBERG, ROGER  
Address: 560 VITTORIO AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP  
Name: LEISCHNER, STEVEN  
Address: 1979 DOGWOOD DRIVE  
City-St-Zip: SCOTCH PLAINS, NJ 07076

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN LEISCHNER

VP

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date