

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006596

**Entity Name:** ASPENS OF OPHTHALMOLOGY, INC.

**Current Principal Place of Business:**

1700 SW 78TH AVE., APT.812  
PLANTATION, FL 33324

**Current Mailing Address:**

1700 SW 78TH AVE., APT812  
PLANTATION, FL 33324

**FEI Number:** 47-1163734

**Certificate of Status Desired:** No

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

LOH, JENNIFER  
1700 SW 78TH AVE., APT812  
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 P  
Name ROWEN, SHERI MD  
Address 301 ST.PAUL PL., SUITE 514  
City-State-Zip: BALTIMORE MD 21202

Title VP  
Name EPITROPOULOUS, ALICE MD  
Address 262 NEIL AVE., #430  
City-State-Zip: COLUMBUS OH 43215

Title S  
Name LOH, JENNIFER MD  
Address 1700 SW 78TH AVE., APT.812  
City-State-Zip: PLANTATION FL 33324

*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:** JENNIFER LOH

**SECRETARY**

**02/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date