

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000012743

**Entity Name:** NATIONAL OPHTHALMIC RESEARCH INSTITUTE, L.L.C.

**Current Principal Place of Business:**

6901 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**Current Mailing Address:**

PO BOX 60559  
FORT MYERS, FL 33906-6559

**FEI Number:** 59-2086792

**Certificate of Status Desired:** No

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

WALKER, JOSEPH PM.D.  
6901 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912 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

**Authorized Person(s) Detail :**

Title MGRM  
Name RETINA CONSULTANTS OF SW  
FLORIDA, P.A.  
Address 6901 INTERNATIONAL CENTER BLVD  
City-State-Zip: FORT MYERS FL 33912

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH P WALKER

**PARTNER**

**01/19/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date