

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012743

Entity Name: NATIONAL OPHTHALIMIC RESEARCH INSTITUTE, LLC**Current Principal Place of Business:**6901 INTERNATIONAL CENTER BLVD
FORT MYERS, FL 33912**Current Mailing Address:**6901 INTERNATIONAL CENTER BLVD
FORT MYERS, FL 33912 US**FEI Number:** 59-2086792**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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:** KATHLEEN HEALY

04/29/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name FLORIDA EYE HEALTH SERVICES,
LLC
Address 44 BARKELY CIRCLE
City-State-Zip: FT MYERS FL 33907

Title CEO, SECRETARY, TREASURER
Name QUIGLEY, MARK
Address 44 BARKELY CIRCLE
City-State-Zip: FT MYERS FL 33907

Title CFO
Name GOLDSBERRY, MATT
Address 44 BARKELY CIRCLE
City-State-Zip: FT MYERS FL 33907

Title ASST. SECRETARY
Name STANLEY, JOCELYN
Address 500 W. MADISON STREET
SUITE 2830
City-State-Zip: CHICAGO IL 60601

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: MARK QUIGLEY

CEO

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date