

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000219049

**Entity Name:** BASELINE OPHTHALMIC SYSTEMS LLC

**Current Principal Place of Business:**

6151 LAKE OSPREY DR,  
SUITE 300  
SARASOTA, FL 34240

**Current Mailing Address:**

6151 LAKE OSPREY DR,  
SUITE 300  
SARASOTA, FL 34240 US

**FEI Number:** 83-1904384

**Certificate of Status Desired:** No

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

QUEEN, HEATH E  
6151 LAKE OSPREY DR,  
SUITE 300  
SARASOTA, FL 34240 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	MGR	Title	MGR
Name	QUEEN, JOANNA M	Name	QUEEN, HEATH
Address	6151 LAKE OSPREY DR, SUITE 300	Address	6151 LAKE OSPREY DR, SUITE 300
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34240

*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:** HEATH E. QUEEN

**PRESIDENT/CEO**

**01/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date