

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004586

Entity Name: EMMETROPE OPHTHALMICS, LLC

Current Principal Place of Business:

560 VITTORIO AVE.
CORAL GABLES, FL 33146

Current Mailing Address:

560 VITTORIO AVE.
CORAL GABLES, FL 33146

FEI Number: 45-3249706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

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

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN LEISCHNER

VICE PRES

01/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date