

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004586

**Entity Name:** EMMETROPE OPHTHALMICS, LLC

**Current Principal Place of Business:**

104 CRANDON BLVD  
#419  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

104 CRANDON BLVD  
#419  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 45-3249706

**Certificate of Status Desired:** No

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

SOTO, MYRNA  
104 CRANDON BLVD  
#419  
KEY BISCAYNE, FL 33149 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:** MYRNA SOTO

03/19/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOLDBERG, JEFFREY  
Address 4903 PEARLMAN WAY  
City-State-Zip: SAN DIEGO CA 92130

Title MGR  
Name GOLDBERG, ROGER  
Address 2 E BREWER STREET  
City-State-Zip: JAMAICA PLAIN MA 02130

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

**SIGNATURE:** STEVEN LEISCHNER

VICE PRESIDENT

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date