2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001632

Entity Name: U.S. OPHTHALMIC, L.L.C.

FILED Mar 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7255 NW 68 STREET, UNIT #9 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

7255 NW 68 STREET, UNIT #9 MIAMI, FL 33166

FEI Number: 02-0538850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ESQUIVEL, LOURDES ESQ MICHAEL, ORTIZ 1 ALHAMBRA PLAZA , SUITE 600 CORAL GABLES, FL 33134 US 2121 PONCE DE LEON BLV 330 CORAL GABLES, FL 33134 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: MICHAEL ORTIZ 03/16/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

() Delete Title: () Change () Addition

LANCEWICKI, GUSTAVO ALEJAN Name: Name: Address: JUAN B. AIBERDI 2367 FLOOR #10 APT. D Address: City-St-Zip: CAPITAL FEDERAL (1406) ARGEN, City-St-Zip:

Title: () Delete Title: () Change () Addition

LANCEWICKI, OSVALDO WALTER Name: Name: Address: CAMACUA 20 FLOOR #7 APT. A Address: City-St-Zip: CAPITAL FEDERAL (1406) ARGEN, City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: GUSTAVO ALEJANDRO LANCEWICKI 03/16/2005