

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001632

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

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

7255 NW 68 STREET
9
MIAMI, FL 33166

Current Mailing Address:

7255 NW 68 STREET
9
MIAMI, FL 33166

New Principal Place of Business:

9990 NW 14 TH ST
105
MIAMI, FL 33172

New Mailing Address:

9990 NW 14 TH ST
105
MIAMI, FL 33172

FEI Number: 02-0538850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANCEWICKI, GUSTAVO A
8877 COLLINS AVE
507
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LANCEWICKI, GUSTAVO ALEJAN
Address: 8877 COLLINS AVE APART 507
City-St-Zip: SURFSIDE, FL 33154

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LANCEWICKI, GUSTAVO A
Address: 8877 COLLINS AVE APART 507
City-St-Zip: SURFSIDE, FL 33154

Title: MGR () Change (X) Addition
Name: LANCEWICKI, CARINA E
Address: 8877 COLLINS AVE APART 507
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 LANCEWICKI

CEO

03/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date