

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012003

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** CEO/CENTER FOR EXECUTIVE OPHTHALMOLOGY, LLC

**Current Principal Place of Business:**

10260 SW 56 STREET  
SUITE 104  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

10260 SW 56 STREET  
SUITE 104  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 30-0077623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, ALFRED H MD  
12395 SW 68TH AVE  
PINECREST, FL 33156 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  
**Name:** RIVERA, ALFRED H  
**Address:** P.O. BOX 566120  
**City-St-Zip:** PINECREST, FL 33256

I hereby 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: ALFRED H RIVERA

MGR

03/25/2012

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