

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90007 012 \*\*\*\*50.00

**DOCUMENT # L02000029064**

1. Entity Name

**OPTIXMED, LLC**



Principal Place of Business

**11831 OSPREY POINTE CIRCLE  
WELLINGTON FL 33467  
US**

Mailing Address

**11831 OSPREY POINTE CIRCLE  
WELLINGTON FL 33467  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-4226109**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAMILTON, REBECCA L  
301 YAMATO ROAD  
SUITE 4150  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

**Michael J. Chalhoub**

Street Address (P.O. Box Number is Not Acceptable)

**8000 N. Federal Highway**

City

**Boca Raton**

**FL**

Zip Code

**33487**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael J. Chalhoub*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**11/5/03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
CHALHUB, MICHAEL J  
11831 OSPREY POINTE CIRCLE  
WELLINGTON FL 33467**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
VOCATURO, ANTHONY E  
2513 CORAL TRACE PLACE  
DELRAY BEACH FL 33445**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

*SIGNATURE REQUIRED*

**11/5/03**

Date

**561-953-2000**

Daytime Phone #

CR2E083 (10/02)