

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012650

**FILED**  
**Feb 28, 2008**  
**Secretary of State**

**Entity Name:** OPTHALMOS PROPERTIES, LLC

**Current Principal Place of Business:**

8833 PERIMETER PARK BLVD, STE 203  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8833 PERIMETER PARK BLVD, STE 203  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 51-0498556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAPPAPORT, KENNETH D M.D.  
4572 CARRARA COURT  
JACKSONVILLE, FL 32224 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: PRES ( ) Delete  
Name: RAPPAPORT, KENNETH D MD  
Address: 4572 CARRARA COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KENNETH D. RAPPAPORT, MD

PRES

02/28/2008

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