

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000040210

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** BCP/CMP OPHTHALMIC EQUIPMENT LEASING LLC

**Current Principal Place of Business:**

23451 WALDEN CENTER DRIVE  
#3  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

23451 WALDEN CENTER DRIVE  
#3  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** 20-2910795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLASP INC.  
3001 TAMiami TRAIL NORTH, 4TH FLOOR  
NAPLES, FL 34103 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: PASCUCCI, BEVERLY C  
Address: 9089 TERRANOVA DRIVE  
City-St-Zip: NAPLES, FL 34109 US

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: BEVERLY [PASCUCCI]

MGR

03/14/2012

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