

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000063329

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** OCEAN OPHTHALMOLOGY GROUP, LLC

**Current Principal Place of Business:**

1400 NE MIAMI GARDENS DRIVE  
SUITE 203  
N MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NE MIAMI GARDENS DRIVE  
SUITE 203  
N MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 26-2490056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART, KEVIN  
1504 BAY HARBOR RD - # 2311  
MIAMI, FL 33139 US

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

STEWART, KEVIN  
1504 BAY HARBOR RD  
2312  
MIAMI, FL 33139 US

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:

02/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEWART, KEVIN  
Address: 1504 BAY HARBOR RD - # 2312  
City-St-Zip: MIAMI, FL 33139

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: KEVIN STEWART

MGRM

02/17/2011

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