

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097882

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** LOGAN OPHTHALMIC RESEARCH, LLC

**Current Principal Place of Business:**

9728 W SAMPLE RD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

7401 N UNIVERSITY DR  
201  
TAMARAC, FL 33321

**Current Mailing Address:**

9728 W SAMPLE RD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

7401 N UNIVERSITY DR  
201  
TAMARAC, FL 33321

**FEI Number:** 27-1093246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD J. MOFSEN, C.P.A., P.A.  
9728 W SAMPLE RD  
CORAL SPRINGS, FL 33065 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: MGRM  
Name: LOGAN, ANDREW  
Address: 7401 N UNIVERSITY DR, 201  
City-St-Zip: TAMARAC, FL 33321

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: ANDREW G LOGAN

MGR

03/21/2011

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