

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000120698

FILED
Feb 08, 2012
Secretary of State

Entity Name: CENTRO OFTALMOLOGICO CHUAO LLC

Current Principal Place of Business:

2609 NE 189TH ST.
MIAMI, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

2609 NE 189TH ST.
MIAMI, FL 33180 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARAUJO, JUAN V
3029 NE 189TH ST.
APT. 1112
MIAMI, FL 33180 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: PERRET-GENTIL, KENTON R
Address: AV. PPAL. LOS CHORROS, QTA. NINI #38-1
City-St-Zip: CARACAS, MI 1071 VE

Title: MGRM
Name: ORTIZ BLANCO, GERSON E
Address: AV. 2 LOS SAMANES, RES.BELLABELEN, APT.56C
City-St-Zip: CARACAS, MI 1080 VE

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: JUAN ARAUJO

RA

02/08/2012

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