2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: OPHTHALMIC EDGE, LLC

Current Principal Place of Business:

2220 SOUTH OCEAN BLVD., APT. 1203
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

2220 SOUTH OCEAN BLVD., APT. 1203
DELRAY BEACH, FL 33483

New Mailing Address:

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

Name and Address of Current Registered Agent:

FISHER, YALE M.D.
2220 SOUTH OCEAN BLVD., APT. 1203
DELRAY BEACH, FL 33483 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: FISHER, YALE M.D.
Address: 2220 SOUTH OCEAN BLVD., APT. 1203
City-St-Zip: DELRAY BEACH, FL 33483

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 Statues.

SIGNATURE: YALE FISHER MGR 01/09/2012

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