

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002106

Entity Name: OPKO OPHTHALMICS, LLC

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4400 BISCAYNE BLVD., SUITE 1180  
MIAMI, FL 33137

**New Principal Place of Business:**

4400 BISCAYNE BLVD.  
MIAMI, FL 33137

**Current Mailing Address:**

4400 BISCAYNE BLVD., SUITE 1180  
MIAMI, FL 33137

**New Mailing Address:**

4400 BISCAYNE BLVD.  
MIAMI, FL 33137

FEI Number: 42-1736959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: OPKO HEALTH, INC.  
Address: 4400 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

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: ADAM LOGAL

TRSR

01/25/2011

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