2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2014
Secretary of State
CC4491091963

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Entity Name: SCHATZ NEURO-OPHTHALMOLOGY, LLC

Current Principal Place of Business:

4302 ALTON ROAD SIMON BUILDING
SUITE 845
MIAMI BEACH, FL 33140

Current Mailing Address:

4302 ALTON ROAD SIMON BUILDING
SUITE 845
MIAMI BEACH, FL 33140

FEI Number: 65-0941180

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMON, GARY P
9500 S DADELAND BLVD
SUITE 708
MIAMI, FL 33156-2849 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	DR
Name	SCHATZ, NORMAN JMD
Address	4302 ALTON ROAD SIMON BUILDING SUITE 845
City-State-Zip:	MIAMI BEACH FL 33140

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN J, SCHATZ M.D. OWNER 01/31/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date