# DOCUMENT# L11000140440

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: OPHTHALMOLOGY ASSOCIATES, LLC

### **Current Principal Place of Business:**

8399 W OAKLAND PARK BLVD STE A SUNRISE, FL 33351

#### **Current Mailing Address:**

8399 W OAKLAND PARK BLVD STE A SUNRISE, FL 33351 US

#### FEI Number: 45-4039871

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

BREIT, RICHARD H 8551 W SUNRISE BLVD STE 300 PLANTATION, FL 33322 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

#### Authorized Person(s) Detail :

TitleMGRMNameGOLDBERG, MARC JAddress8399 W OAKLAND PARK BLVD STE ACity-State-Zip:SUNRISE FL 33351

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: MARC J GOLDBERG

Electronic Signature of Signing Authorized Person(s) Detail

# PRESIDENT AND OWNER 03/24/2013

## FILED Mar 24, 2013 Secretary of State CC7588004477

Certificate of Status Desired: No

Date