

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000140440

**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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GOLDBERG, MARC J  
Address 8399 W OAKLAND PARK BLVD STE A  
City-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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARC J GOLDBERG MD

**PRESIDENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date