

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000145519

Entity Name: OPHTHAMIZE MEDICAL BILLING LLC

Current Principal Place of Business:

13367 BONITA AVE
SPRING HILL, FL 34609

Current Mailing Address:

13367 BONITA AVE
SPRING HILL, FL 34609 US

FEI Number: 38-3940509

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIANNIZZERO, JENNIFER A
13367 BONITA AVE
SPRING HILL, FL 34609 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 MGR
Name GIANNIZZERO, MICHAEL A
Address 13367 BONITA AVE
City-State-Zip: SPRING HILL FL 34609

Title MGR
Name GIANNIZZERO, JENNIFER A
Address 13367 BONITA AVE
City-State-Zip: SPRING HILL FL 34609

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: MICHAEL GIANNIZZERO

MANAGING PARTNER

03/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date