

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000337932

**Entity Name:** OPHTHALMO MEDICAL LATIN LLC

**Current Principal Place of Business:**

1010 SW 2ND AVE  
UNIT 705  
MIAMI, FL 33130

**Current Mailing Address:**

10773 NW 58 ST  
# 118  
DORAL, FL 33178

**FEI Number: 38-4190186**

**Certificate of Status Desired:** No

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

IZQUIERDO, FERNANDO SR.  
10773 NW 58 ST  
# 118  
DORAL, FL 33178 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	Title	AMBR
Name	ALARCON, HUGO E SR.	Name	IZQUIERDO, FERNANDO SR.
Address	10773 NW 58 ST, # 118	Address	10773 NW 58 ST, # 118
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178
Title	AMBR		
Name	ROJAS, FERNANDO B SR.		
Address	10773 NW 58 ST, #118		
City-State-Zip:	DORAL FL 33178		

*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: FERNANDO IZQUIERDO**

**AMBR**

**04/27/2022**

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

\_\_\_\_\_  
Date