

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000034904

**Entity Name:** OPHTHO & OCULOPLASTICS, PLLC

**Current Principal Place of Business:**

1172 S. DIXIE HWY  
144  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1172 S. DIXIE HWY  
144  
CORAL GABLES, FL 33146 US

**FEI Number:** 92-1816966

**Certificate of Status Desired:** No

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

PARLADE, JAIME  
5975 SUNSET DRIVE  
802  
SOUTH MIAMI, FL 33143 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 P  
Name CARDENAS, MARGARITA  
Address 1172 S. DIXIE HWY, SUITE 144  
City-State-Zip: CORAL GABLES FL 33146

*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:** MARGARITA CARDENAS

P

02/05/2024

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date