2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2010
Secretary of State

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Entity Name: NORTH RIDGE EYE CENTER, LLC

Current Principal Place of Business:

5601 NORTH DIXIE HIGHWAY
SUITE 115
FORT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

7421 N UNIVERSITY DRIVE
SUITE 109
TAMARAC, FL 33321 US

New Mailing Address:

1600 SAWGRASS CORPORATE PARKWAY
SUITE 140
SUNRISE, FL 33323 US

FEI Number: 35-2308681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EYE PHYSICIANS OF FLORIDA, LLP
7421 N UNIVERSITY DRIVE
SUITE 109
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

EYE PHYSICIANS OF FLORIDA, LLP
1600 SAWGRASS CORPORATE PARKWAY
SUITE 140
SUNRISE, FL 33323 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: MARVIN GREENBERG 04/09/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: EYE PHYSICIANS OF FLORIDA, LLP
Address: 1600 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323 US

I hereby certify that the information indicated on this 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 Statues.

SIGNATURE: MARVIN GREENBERG MGR 04/09/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date