

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000009317

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**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:**

1600 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
SUNRISE, FL 33323 US

**New Mailing Address:**

**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  
1600 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
SUNRISE, FL 33323 US

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

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

**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 Statutes.

SIGNATURE: MARVIN GREENBERG

MGR

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date