

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000061501

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** EYE SURGERY ASSOCIATES, LLC

**Current Principal Place of Business:**

2740 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2740 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**New Mailing Address:**

603 N FLAMINGO ROAD  
SUITE 250  
PEMBROKE PINES, FL 33028

FEI Number: 65-0457710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'DONNELL, NANETTE  
200 S BISCAYNE BLVD 34TH FLOOR  
MIAMI, FL 33131 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: MM  
Name: FISHMAN, ARTHUR M  
Address: 603 N FLAMINGO RD, SUITE 250  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MM  
Name: DORFMAN, MARK S  
Address: 603 N FLAMINGO RD, SUITE 250  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MM  
Name: CARDONE, SCOTT C  
Address: 603 N FLAMINGO RD, SUITE 250  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MM  
Name: ANGELLA, GUY J  
Address: 603 N FLAMINGO RD, SUITE 250  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MM  
Name: SANDBERG, JOEL S  
Address: 603 N FLAMINGO RD, SUITE 250  
City-St-Zip: PEMBROKE PINES, FL 33028

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: ARTHUR M FISHMAN

MM

04/24/2012

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