2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001293

1. Entity Name

CENTRAL FLORIDA EYE SPECIALISTS, P.L.

Principal Place of Business	Mailing Address
305 EAST NEW YORK AVENUE DELAND FL 32724	305 EAST NEW YORK AVENUE DELAND FL 32724

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

MOORE CR2E083 (11/03)

4. FEI Number 59-2841109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KROPP, THOMAS M M.D.
305 EAST NEW YORK AVENUE
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KROPP, THOMAS M M.D. 305 EAST NEW YORK AVENUE DELAND FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000048706 02/12/04-80091-014 50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORDERO, ROBERT M.D. 305 EAST NEW YORK AVENUE DELAND FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Thomas M. Kropp MD 2/5/04 (386) 734-2931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #