


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90201 038 ****50.00

DOCUMENT # L99000001293

1. Entity Name
 CENTRAL FLORIDA EYE SPECIALISTS, P.L.



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

Mailing Address
 305 EAST NEW YORK AVENUE
 DELAND, FL 32724



01122005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2841109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KROPP, THOMAS M M.D. 305 EAST NEW YORK AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORDERO, ROBERT M.D. 305 EAST NEW YORK AVENUE DELAND, FL 32724
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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* **1/28/05** (386) 734-2931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #