


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 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**      **305 EAST NEW YORK AVENUE**  
**DELAND, FL 32724**                      **DELAND, FL 32724**

**DO NOT WRITE IN THIS SPACE**



D1112006No Chg-LLC      CR2E083 (11/05)

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**

**DO NOT WRITE IN THIS SPACE**

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 consisting)      DATE \_\_\_\_\_

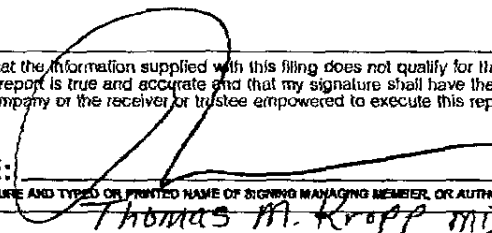
**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KROPP, THOMAS M M.D.</b> <b>305 EAST NEW YORK AVENUE</b> <b>DELAND, FL 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CORDERO, ROBERT M.D.</b> <b>305 EAST NEW YORK AVENUE</b> <b>DELAND, FL 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/14/06-80032-005 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**       **1/31/06 (386) 734-2931**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #