


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000001293</b> 1. Entity Name CENTRAL FLORIDA EYE SPECIALISTS, P.L.	
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Principal Place of Business 305 EAST NEW YORK AVENUE DELAND, FL 32724	Mailing Address 305 EAST NEW YORK AVENUE DELAND, FL 32724
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04112007 No Chg-LLC CR2E083 (11/05)

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

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

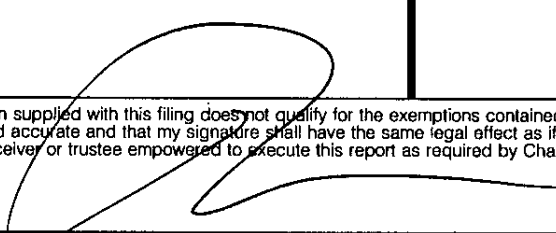
U00000728884  
05/08/07-80018-007 50.00

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 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:**  **4/23/07 (386) 734-2931**

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