


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-LLC CR2E083 (12/07)

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

DATE: 04/09/08-80040-017 138.75

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Robert Cordero* Robert Cordero 3-20-08 (386) 734-2931