

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001293

FILED
Feb 09, 2012
Secretary of State

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

Current Principal Place of Business:

305 EAST NEW YORK AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

305 EAST NEW YORK AVENUE
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-2841109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: KROPP, THOMAS M M.D.
Address: 305 EAST NEW YORK AVENUE
City-St-Zip: DELAND, FL 32724

Title: P
Name: CORDERO, ROBERT M.D.
Address: 305 EAST NEW YORK AVENUE
City-St-Zip: DELAND, FL 32724

Title: P
Name: BARBER, KEVIN M M.D.
Address: 305 EAST NEW YORK AVENUE
City-St-Zip: DELAND, FL 32724

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

02/09/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date