LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003393

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF

1. Entity Name

THE WINTER HAVEN/SEBRING FL OPHTHALMOLO



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90307 037 ****50.00

04/1/67 (863) X4-3504

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DO NOT WRITE IN THIS SPACE						
Principal Place of Business 3. Mailing Address					·	
409 Ave K, S.E 409 AU			se K	S.E		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		, , , , , , , , , , , , , , , , , , , ,	DO NOT WRITE IN THIS SPACE	
City & Stat		City & State		F-/	4. FEI Number	Applied For
	ten flaven, FL	Winter H.			74-3078437	Not Applicable
^{Zip} 33	880 Polk	338FO	Coup	try EXK	5. Certificate of Status Desired F	5.00 Additional ee Required
	militarity of Pentile Republic States and Alexander (1975) and the second of the secon		Andrews 2		7. Name and Address of Current Registered	Agent
	DO MOT W			Name		
DO NOT WRITE			Park Market S	_Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE						
				City	FL	Zip Code
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.						
the obligations of registered agent.						
SIGNATURE						
	Signature, typed or printed name of registered agent and	title if applicable.		*	DATE	
	٠,	Make Check Payab	le to Fl	\$50.00 orida Departmen 'MAY 1	nt of State	
9.	MANAGING MEMBER	S/MANAGERS				
TITLE	mgem		THLE			
NAME	Amsung, Inc	0 /	NAM	E	ana a manana	
STREET ADDRESS	Twenty Barton Hills	SOUTEUMO	STRE	ET ADDRESS		
CITY-ST-ZIP	NAShothe, TU BODIS	<u> </u>	CITY	-ST-ZIP		
TITLE	Amsung, Inc Twenty Burton Hills I NAShoille, TN BDAIS MERM Eye Sungery and LASEN (409 Ave K, S.C. Winter. Howen, FL.	1 - 110	mu			
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TITLE NAME	:		TITLE	和開展中型工程的工程的關係	IN THIS SPAC	E
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NAME			NAM	I		
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NAME			NAMI	E San		110
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			CITY-	-ST-ZIP		
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 tustee improvement to execute this report as required by Chapter 608, Florida Statutes.						