## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M9900001538

## THE MOUNT DORA OPHTHALMOLOGY ASC, LLC



FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90076 002 \*\*\*\*50.00

Signature, hyped or printed name of registered agent and tipe if applicable. (NOTE: Registered Agent agrinuture metric afford printed registrating)    File NoW!!! FEE Is \$50.00						GO WE TE						
Suite Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   A. FEL Number   62-1795778   Application   Fine Application   Fine Required   Fine Requi	20 BURTON HI	LLS BOULEVARD		20 BURTON HILLS BOULE	VARD	<u> </u>		1 1001000	) ((E.)BUB (\$\(\)) \$\(\)	141. <b>68</b> ()) <b>66</b> ()() <b>k</b>		118 - 18 t (88)
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Cardificate of State Desired Cardificate  Foregraphic  Foregraphic  Foregraphic  Foregraphic  Foregraphic  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  FL  Zip Code	2. Principal P	lace of Business	3. Mailing Address			_						
City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Signature  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Cay  FL  Zip Code  C	Suite Ant # etc			Suite Apt # etc			{					
Part									CHECK HEHI	E IF MAKING	1 CHANGES	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code City City FL Zip Code City City City City City City City City	City & State			City & State			4	. FEI Numb	er 62-17957	78	<del></del>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip Code  FL  Zip Co	Zip Country			Zip Country				5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Addre	ess of Current Re	gistered Agent			7. Name and Address of New F			Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City	ĊТ	CODDODATION SVS	TELA			Name	-					
City FL Zip Code  3. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida Decept Times and the obligation of the obligation of the obligations of the obligation of the obligations of the obligation o	1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)							
3. 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.    Comparison of registered agent of 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.    Comparison of registered agent of 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.	PLA	NIATION FL 33324										
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Signative hyped or printed name of ingistered agent and tice if applicable. (NOTE: Regulated Agent signature equited when reinstalling)    File NoW!!! FEE Is \$50.00				e purpose of changing its	registere	ed office or reg	gistered	agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State	SIGNATURE .	Signature hand or cristad pame	of registered seast and	Who if applicable (NOT	E. Bogintere	d Agont signature so	an irad who	an exicatetine		DATE		
Make Check Payable to Florida Department of State Due By May 1, 2003  MANAGING MEMBERS / MANAGERS  TILE MARE HARRELL, ROYCE MANAGINES 20 BURTON HILLS BOULEVARD MCP MCP MCDONALD, KEN P MCDONALD, KEN P MCP MCP MCP MCP MCP MCP MCR MCR MCR MCR MCR MCDONALD, KEN P MCR MCP		organical types or printed hapte	or registereo agent and	<del></del>				an remstating)		DATE	<del></del>	
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TROUBLE IN 07210	,					- 1						{
1. 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 eath; that I am a message of the										<del></del>		

iminited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes,

8861-814 316614 2xleasT