

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/30/

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90139 013 \*\*\*\*\*50.00

**DOCUMENT # L03000044942**

1. Entity Name  
**LAKE CITY EYE PHYSICIANS, LLC**



Principal Place of Business  
**621 SW BAYA DRIVE  
SUITE 101  
LAKE CITY, FL 32025**

Mailing Address  
**621 SW BAYA DRIVE  
SUITE 101  
LAKE CITY, FL 32025**

**34010566**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number **20-0429063**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALEY, WILLIAM J  
116 NW COLUMBIA AVE.  
LAKE CITY, FL 32056**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Managing Member  
Reaves Cole  
621 SW Baya Drive, Ste 101  
Lake City FL 32025**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP

☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **R. Cole**

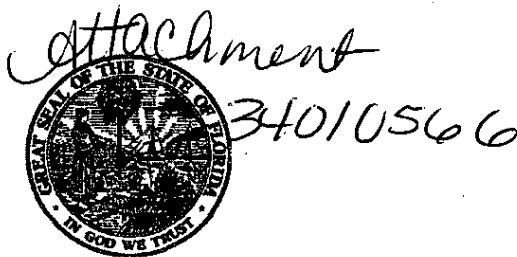
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**8/27/04**

Date

**386 754 10016**

Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 2, 2004

LAKE CITY EYE PHYSICIANS, LLC  
621 SW BAY DRIVE  
SUITE 101  
LAKE CITY, FL 32025

Subject: LAKE CITY EYE PHYSICIANS, LLC

Reference Number:

L03000044942

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314  
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314