

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044942

Entity Name: LAKE CITY EYE PHYSICIANS, LLC

FILED  
May 21, 2007  
Secretary of State

**Current Principal Place of Business:**

621 SW BAYA DRIVE  
SUITE 101  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

621 SW BAYA DRIVE  
SUITE 101  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 20-0429063      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HALEY, WILLIAM J  
116 NW COLUMBIA AVE.  
LAKE CITY, FL 32056      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: MGRM ( ) Delete  
Name: COLE, REAVES  
Address: 621 SW BAYA DR STE 101  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COLE, REAVES C OD  
Address: 621 SW BAYA DR STE 101  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: REAVES C COLE, OD

MGRM

05/21/2007

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