

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000118890

FILED
May 20, 2011
Secretary of State

Entity Name: JUPITER EYE SURGERY CENTER LLC

Current Principal Place of Business:

102 COASTAL WAY
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

2889 10TH AVE NORTH
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFMAN, MADONNA
2889 10TH AVE NORTH
LAKE WORTH, FL 33461 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: MGR
Name: COFFMAN, TOM
Address: 2889 10TH AVE NORTH
City-St-Zip: LAKE WORTH, FL 33461

Title: MGR
Name: COFFMAN, MADONNA
Address: 2889 10TH AVE NORTH
City-St-Zip: LAKE WORTH, FL 33461

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: MADONNA COFFMAN

MGR

05/20/2011

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