

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90064 046 ****55.00

DOCUMENT # L02000029945

1. Entity Name

SOUTHWEST FLORIDA EYE CARE, L.L.C.



Principal Place of Business

**11250 MAHOGANY RUN
FT. MYERS FL 33913**

Mailing Address

**11250 MAHOGANY RUN
FT. MYERS FL 33913**

2. Principal Place of Business

13670 Metropolis Ave

3. Mailing Address

same 13670 Metropolis Ave

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

14-1858252

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MINCK, LINDA R
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **FLORENTINO E. PALMON, M.D.**
Street Address (P.O. Box Number is Not Acceptable)
13670 Metropolis Ave Suite 105
City **FT. MYERS** FL Zip Code **33912**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **FLORENTINO E. PALMON** ☐ Delete
STREET ADDRESS **13670 Metropolis Ave Suite 105**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

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

4/23/03

Date

239 768-0006

Daytime Phone #

CR2E083 (10/02)

0081764