

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000044942

**Entity Name:** LAKE CITY EYE PHYSICIANS, LLC

**Current Principal Place of Business:**

621 SW BAYA DRIVE  
SUITE 101  
LAKE CITY, FL 32025

**Current Mailing Address:**

621 SW BAYA DRIVE  
SUITE 101  
LAKE CITY, FL 32025

**FEI Number:** 20-0429063

**Certificate of Status Desired:** No

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

COLE, MELISSA R  
621 SW BAYA DRIVE  
SUITE 101  
LAKE CITY, FL 32025 US

*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:** MELISSA R. COLE

10/07/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COLE, REAVES C OD  
Address 621 SW BAYA DRIVE  
SUITE 101  
City-State-Zip: LAKE CITY FL 32025

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** REAVES C COLE

MGRM

10/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date