

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021354

Entity Name: SOUTHERN VITREORETINAL ASSOCIATES, P.L.

Current Principal Place of Business:

2439 CARE DRIVE
TALLAHASSEE, FL 32308-4580

Current Mailing Address:

2439 CARE DRIVE
TALLAHASSEE, FL 32308-4580

FEI Number: 20-8515285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1517 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BROOKS, H. LOGAN M.D.
Address 2439 CARE DRIVE
City-State-Zip: TALLAHASSEE FL 32308-4580

Title MGRM
Name STEINMETZ, ROBERT LM.D.
Address 2439 CARE DRIVE
City-State-Zip: TALLAHASSEE FL 32308-4580

Title MGRM
Name NEWELL, CHARLES KM.D.
Address 2439 CARE DRIVE
City-State-Zip: TALLAHASSEE FL 32308-4580

Title MGRM
Name WILLINGHAM, CHRISTOPHER LM.D.
Address 2439 CARE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title MGRM
Name ASHMORE, EMILY DM.D.
Address 2439 CARE DRIVE
City-State-Zip: TALLAHASSEE FL 32308

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: BROOKS, H. LOGAN MD

MGRM

02/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date