2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2025
Secretary of State
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Entity Name: NORTH RIDGE EYE CENTER, LLC

Current Principal Place of Business:

4800 NE 20TH TERRACE STE 303A
FORT LAUDERDALE, FL 33308

Current Mailing Address:

1319 N UNIVERSITY DRIVE
BOX 318
CORAL SPRINGS, FL 33071 US

FEI Number: 35-2308681

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EYE PHYSICIANS OF FLORIDA, LLP
900 S PINE ISLAND RD
STE 130
PLANTATION, FL 33324 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	MGR
Name	EYE PHYSICIANS OF FLORIDA, LLP
Address	900 S PINE ISLAND RD STE 130
City-State-Zip:	PLANTATION FL 33324

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: ANNIE JUILLET CFO 04/16/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date