

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009317

Entity Name: NORTH RIDGE EYE CENTER, LLC

Current Principal Place of Business:

5601 NORTH DIXIE HIGHWAY
SUITE 115
FORT LAUDERDALE, FL 33334

Current Mailing Address:

13680 NW FIFTH STREET
SUITE 240
SUNRISE, FL 33325 US

FEI Number: 35-2308681

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EYE PHYSICIANS OF FLORIDA, LLP
13680 NW FIFTH STREET
SUITE 240
SUNRISE, FL 33325 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 13680 NW FIFTH STREET
SUITE 240
City-State-Zip: SUNRISE FL 33325

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

04/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date