

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000118890

Entity Name: JUPITER EYE SURGERY CENTER LLC

Current Principal Place of Business:

102 COASTAL WAY
JUPITER, FL 33477

Current Mailing Address:

2889 10TH AVE NORTH
LAKE WORTH, FL 33461

FEI Number: 36-4613006

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COFFMAN, MADONNA
2889 10TH AVE NORTH
LAKE WORTH, FL 33461 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 COFFMAN, TOM
Address 2889 10TH AVE NORTH
City-State-Zip: LAKE WORTH FL 33461

Title MGR
Name COFFMAN, MADONNA
Address 2889 10TH AVE NORTH
City-State-Zip: LAKE WORTH FL 33461

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: MADONNA COFFMAN

MGR

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date