

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MADONNA COFFMAN

**MANAGER**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date