

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000061501

Entity Name: EYE SURGERY ASSOCIATES, LLC

Current Principal Place of Business:

300 SOUTH PARK RD
STE. 300
HOLLYWOOD, FL 33021

Current Mailing Address:

300 SOUTH PARK RD.
STE. 300
HOLLYWOOD, FL 33021 US

FEI Number: 65-0457710

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
2740 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 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: AMY PENNY

01/27/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MM
Name FISHMAN, ARTHUR M
Address 603 N FLAMINGO RD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title MM
Name DORFMAN, MARK S
Address 603 N FLAMINGO RD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title MM
Name CARDONE, SCOTT C
Address 603 N FLAMINGO RD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title MM
Name ANGELLA, GUY J
Address 603 N FLAMINGO RD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title MM
Name SANDBERG, JOEL S
Address 603 N FLAMINGO RD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title MM
Name JONES, DAVID
Address 603 N FLAMINGO ROAD
SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title MM
Name CARUANA, ALBERT G JR
Address 603 N FLAMINGO ROAD
SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028

Title PRESIDENT
Name NEAL, GEORGE
Address 2727 N. HARWOOD ST.
STE. 350
City-State-Zip: DALLAS TX 75201

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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: GEORGE L. NEAL

PRESIDENT

01/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title TREASURER
Name CHO, AARON
Address 2727 N. HARWOOD ST.
 STE. 350
City-State-Zip: DALLAS TX 75201