2023 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 1200 SOUTH PINE ISLAND RD. 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: AMY PENNY 03/01/2023

Electronic Signature of Registered Agent

Date

FILED Mar 01, 2023

Secretary of State

3303648405CC

Authorized Person(s) Detail:

Title MM Title MM

Name FISHMAN, ARTHUR M Name DORFMAN, MARK S

Address 603 N FLAMINGO RD, SUITE 250 Address 603 N FLAMINGO RD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028 City-State-Zip: PEMBROKE PINES FL 33028

Title MM Title MM

Name CARDONE, SCOTT C Name ANGELLA, GUY J

Address 603 N FLAMINGO RD, SUITE 250 Address 603 N FLAMINGO RD, SUITE 250
City-State-Zip: PEMBROKE PINES FL 33028 City-State-Zip: PEMBROKE PINES FL 33028

Title MM Title MM

Name SANDBERG, JOEL S Name JONES, DAVID

Address 603 N FLAMINGO RD, SUITE 250 Address 603 N FLAMINGO ROAD

SUITE 250

City-State-Zip: PEMBROKE PINES FL 33028 City-State-Zip: PEMBROKE PINES FL 33028

Title MM

Name CARUANA, ALBERT G JR Name NEAL, GEORGE

Address 603 N FLAMINGO ROAD Address 2727 N. HARWOOD ST.

SUITE 250 STE. 350

City-State-Zip: PEMBROKE PINES FL 33028 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 03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

TREASURER Title Name MINOR, MARK

2727 N. HARWOOD ST. STE. 350 Address

City-State-Zip: DALLAS TX 75201