

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000061501

Entity Name: EYE SURGERY ASSOCIATES, LLC

Current Principal Place of Business:

2740 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

Current Mailing Address:

603 N FLAMINGO ROAD
SUITE 250
PEMBROKE PINES, FL 33028

FEI Number: 65-0457710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'DONNELL, NANETTE
200 S BISCAYNE BLVD 34TH FLOOR
MIAMI, FL 33131 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 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

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: ARTHUR FISHMAN

MM

04/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date