

**2017 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

Title MM  
Name CARUANA, ALBERT G JR  
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:** MARK DORFMAN

MM

04/24/2017

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

\_\_\_\_\_  
Date