

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000000650

**Entity Name:** ADVANCED SURGICAL MOBILE EYE CARE LLC

**Current Principal Place of Business:**

25 W. COLLEGE AVENUE  
SUITE D  
RUSKIN, FL 33570

**Current Mailing Address:**

P.O. BOX 585  
RUSKIN, FL 33575 US

**FEI Number:** 82-3862643

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEWIS, TRACEY DR.  
25 W. COLLEGE AVENUE  
SUITE D  
RUSKIN, FL 33570 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 LEWIS, TRACEY DR.  
Address P.O. BOX 585  
City-State-Zip: RUSKIN FL 33575

Title PRESIDENT  
Name NGAR, LUCIE N DR.  
Address P.O. BOX 585  
City-State-Zip: RUSKIN FL 33575

*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:** LUCIE NGAR

**PRESIDENT**

**01/31/2019**

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

\_\_\_\_\_  
Date