

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001293

**FILED  
Apr 02, 2013  
Secretary of State  
CC8050641615**

**Entity Name:** CENTRAL FLORIDA EYE SPECIALISTS, P.L.

**Current Principal Place of Business:**

305 EAST NEW YORK AVENUE  
DELAND, FL 32724

**Current Mailing Address:**

305 EAST NEW YORK AVENUE  
DELAND, FL 32724

**FEI Number:** 59-2841109

**Certificate of Status Desired:** No

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

KROPP, THOMAS MM.D.  
305 EAST NEW YORK AVENUE  
DELAND, FL 32724 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 P  
Name KROPP, THOMAS M M.D.  
Address 305 EAST NEW YORK AVENUE  
City-State-Zip: DELAND FL 32724

Title P  
Name CORDERO, ROBERT M.D.  
Address 305 EAST NEW YORK AVENUE  
City-State-Zip: DELAND FL 32724

Title P  
Name BARBER, KEVIN M M.D.  
Address 305 EAST NEW YORK AVENUE  
City-State-Zip: DELAND FL 32724

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS M KROPP MD

MEMBER

04/02/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date