

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001293

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

Current Principal Place of Business:

1592 S. STATE ROAD 15A
DELAND, FL 32720

Current Mailing Address:

1592 S. STATE ROAD 15A
DELAND, FL 32720 US

FEI Number: 59-2841109

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORDERO, ROBERT MD
1592 S. STATE ROAD 15A
DELAND, FL 32720 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: ROBERT CORDERO, MD

04/13/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER MEMBER
Name CORDERO, ROBERT M.D.
Address 1592 S. STATE ROAD 15A
City-State-Zip: DELAND FL 32720

Title MANAGER MEMBER
Name BARBER, KEVIN M M.D.
Address 1592 S. STATE ROAD 15A
City-State-Zip: DELAND FL 32720

Title MANAGER MEMBER
Name SCRUGGS, RYAN T M.D.
Address 1592 S. STATE ROAD 15A
City-State-Zip: DELAND FL 32720

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: ROBERT CORDERO

MGR MEMBER

04/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date