

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002720

Entity Name: EYE CARE AND SURGERY CENTER OF FT LAUDERDALE, LLC

Current Principal Place of Business:

2540 N.E. NINTH STREET
FORT LAUDERDALE, FL 33304

Current Mailing Address:

1097 SW LEJEUNE RD
2ND FLOOR
CORAL GABLES, FL 33134

FEI Number: 20-1344254

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARAN, FERNANDO S
255 UNIVERSITY DRIVE
CORAL GABLES, FL 33134 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 ARAN, ALBERT J
Address 2540 N.E. NINTH STREET
City-State-Zip: FORT LAUDERDALE FL 33304

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: ALBERTO J ARAN

MNG

02/11/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date