

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERT J ARAN MD

MNGR

03/05/2013

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

\_\_\_\_\_ Date