

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

00157110

**PARK AVENUE OPHTHALMICS, L.L.C.**

1911 N. MILLS AVE.  
ORLANDO FL 32803

Suite, Apt. #, etc.

Country

Not Applicable
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**\$5.00** Additional  
Fee Required

**MAGRUDER, G. BROCK MD, PA**  
**1911 N. MILLS AVE.**  
**ORLANDO FL 32803**

City

FL

Zip Code

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MAGRUDER, G. BROCK MD, PA	
STREET ADDRESS	1911 N. MILLS AVE.	
CITY - ST - ZIP	ORLANDO FL 32803	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone #

CR2E083 (9/01)