**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 12, 2002 8:00 am DOCUMENT # L0000003929 **Secretary of State** 1. Entity Name 02-12-2002 90056 007 \*\*\*\*50.00 PARK AVENUE OPHTHALMICS, L.L.C. Principal Place of Business Mailing Address 1911 N. MILLS AVE. 1911 N. MILLS AVE. 921895 ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address QOLA E. SEHORAN BIVA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3622294 ) POPKA Not Applicable Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAGRUDER, G. BROCK MD, PA Street Address (P.O. Box Number is Not Acceptable) 1911 N. MILLS AVE. ORLANDO FL 32803 Zip Code FL 8. 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. CR2E083 (9/01) MGRM TITI F ☐ Delete TITLE ☐ Change ☐ Addition MAGRUDER, G. BROCK MD, PA NAME NAME STREET ADDRESS STREET ADDRESS 1911 N. MILLS AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Change ☐ Addition TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.