


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003929 1. Entity Name PARK AVENUE OPHTHALMICS, L.L.C.	
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Principal Place of Business 2269 E SEHORN BLVD APOPKA, FL 32703	Mailing Address 1911 N. MILLS AVE. ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3849155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MAGRUDER, G. BROCK MD, PA 1911 N. MILLS AVE. ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

11000000031187
03/17/04-80049-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAGRUDER, G. BROCK MD, PA 1911 N. MILLS AVE. ORLANDO, FL 32803
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IN THIS SPACE**

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: M Brock Magruder SA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/15/04
Date

Daytime Phone #