


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000003929 1. Entity Name PARK AVENUE OPHTHALMICS, L.L.C. |  |
|---|---|

Principal Place of Business
2269 E. SEHORN BLVD
APOPKA, FL 32703

Mailing Address
1911 N. MILLS AVE.
ORLANDO, FL 32803



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3649155 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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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02/10/05-80083-004 50.00

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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: 

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

Date 2/10/05

Daytime Phone # _____