

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 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



01102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3649155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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, 2007**

000000008962  
02/01/07-80032-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MAGRUDER, G. BROCK MD, PA
STREET ADDRESS	1911 N. MILLS AVE.
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

1/26/07