

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000003929

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** PARK AVENUE OPHTHALMICS, L.L.C.

**Current Principal Place of Business:**

2269 E SEMORAN BLVD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1911 N. MILLS AVE.  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 59-3649155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MAGRUDER, G. BROCK MD, PA  
**Address:** 1911 N. MILLS AVE.  
**City-St-Zip:** ORLANDO, FL 32803

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: G. BROCK MAGRUDER, MD PA

MGRM

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date