2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L00000006557

Entity Name: MID-FLORIDA EYE LASER INSTITUTE, L.L.C.

Current Principal Place of Business:

17560 U.S. HIGHWAY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

17560 U.S. HIGHWAY 441
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3654033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PULLUM, J. STEPHEN
1330 W. CITIZENS BLVD.
SUITE 701
LEESBURG, FL 34748 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	( ) Delete
Name:	BAUMANN, JEFFREY D M.D.	
Address:	17560 U.S. HIGHWAY 441	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	MGRM	( ) Delete
Name:	PANZO, GREGORY J M.D.	
Address:	17560 U.S. HIGHWAY 441	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	MGRM	( ) Delete
Name:	MAIZEL, RAY DAVID M.D.	
Address:	17560 U.S. HIGHWAY 441	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	MGRM	( ) Delete
Name:	GOLDEY, STACIA H M.D.	
Address:	17560 U.S. HIGHWAY 441	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	MGRM	( ) Delete
Name:	CHARLES, KEITH M.D.	
Address:	17560 U.S. HIGHWAY 441	
City-St-Zip:	MOUNT DORA, FL 32757	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEFFREY D. BAUMANN, MD MGRM 05/01/2007

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