

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006557

FILED
Apr 19, 2012
Secretary of State

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 ()

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
Name: BAUMANN, JEFFREY D M.D.
Address: 17560 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM
Name: PANZO, GREGORY J M.D.
Address: 17560 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM
Name: MAIZEL, RAY DAVID M.D.
Address: 17560 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM
Name: GOLDEY, STACIA H M.D.
Address: 17560 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM
Name: CHARLES, KEITH M.D.
Address: 17560 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

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: JEFFREY BAUMANN MD

MGRM

04/19/2012

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