
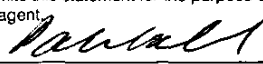
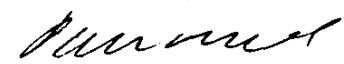


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90055 023 \*\*\*\*50.00

<b>DOCUMENT # L00000009977</b> 1. Entity Name <b>EYE SURGERY PROPERTIES OF SEBRING, LLC</b>						
Principal Place of Business <b>409 AVE. K., S.E. WINTER HAVEN, FL 33880</b>			Mailing Address <b>409 AVE. K., S.E. WINTER HAVEN, FL 33880</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>WELCH, DANIEL W 407 AVE. K., S.E. WINTER HAVEN, FL 33880</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> Zip Code		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME	WELCH, DANIEL W			NAME		
STREET ADDRESS	407 AVE. K., S.E.			STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33880			CITY - ST - ZIP		
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME	LOEWY, DANIEL M			NAME		
STREET ADDRESS	407 AVE. K., S.E.			STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33880			CITY - ST - ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
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:  <span style="float: right;">Daniel Welch 3/2/05</span>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #

20020078



02112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **59-3672761** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required