

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004747

FILED
May 25, 2004
Secretary of State

Entity Name: EYE M.D. ASSOCIATES, P.L.

Current Principal Place of Business:

9009 PINES BLVD
PEMBROKE PINES, FL 330246440

New Principal Place of Business:

9009 PINES BLVD
PEMBROKE PINES, FL 330246440 US

Current Mailing Address:

9009 PINES BLVD
PEMBROKE PINES, FL 330246440

New Mailing Address:

9009 PINES BLVD
PEMBROKE PINES, FL 330246440 US

FEI Number: 65-1149442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUMPING JAX TAX, INC.
1940 HARRISON ST., STE. 201B
HOLLYWOOD, FL 330205072 US

Name and Address of New Registered Agent:

JUMPING JAX TAX INC
1940 HARRISON ST STE 201B
HOLLYWOOD, FL 330205072 US

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: JOHN J MALERBA

05/25/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MUNROE, GARFIELD A
Address: 9009 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 330246440

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARFIELD A MUNROE

MGR

05/25/2004

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