

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90105 041 \*\*\*\*50.00

**DOCUMENT # L01000004747**

1. Entity Name

**EYE M.D. ASSOCIATES, P.L.**



Principal Place of Business

**9009 PINES BLVD  
PEMBROKE PINES FL 33024-6440**

Mailing Address

**1940 HARRISON ST., STE 201-B  
HOLLYWOOD FL 33020-5072**

2. Principal Place of Business

3. Mailing Address

**9009 PINES BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PEMBROKE PINES**

Zip

Country

Zip

Country

**33024-6440**

**USA**

4. FEI Number

**65-1149442**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUMPINGJAXTAX.COM, INC.  
1940 HARRISON ST., STE. 200-B  
HOLLYWOOD FL 33020-5072**

Name

**E. SONIE MURRAY**

Street Address (P.O. Box Number is Not Acceptable)

**9009 PINES BLVD.**

City

**PEMBROKE PINES**

FL

Zip Code

**33024-6440**

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.

**E. SONIE MURRAY,  
MANAGER**

**15 APR 03**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **MURRAY, E. SONIE**  
STREET ADDRESS **9009 PINES BLVD**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**E. SONIE MURRAY,**

SIGNATURE

**SIGNATURE REQUIRED**

**MANAGER**

**15 APR 03**

**954-927-6788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)