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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 OCT 10 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30005230

DOCUMENT # L01000009876

1. Entity Name
ORLANDO OPHTHALMOLOGY REAL ESTATE INVESTORS, LLC

Principal Place of Business	Mailing Address
105 BONNIE LOCH COURT ORLANDO, FL 32806 US	105 BONNIE LOCH COURT ORLANDO, FL 32806 US

02272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
15305 Dallas Pkwy		15305 Dallas Pkwy	
Suite, Apt. #, etc. Suite 1600		Suite, Apt. #, etc. Suite 1600	
City & State Addison, TX		City & State Addison, TX	
Zip 75001	Country USA	Zip 75001	Country USA

4. FEI Number 59-3725723 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAPP, JEFFERY 105 BONNIE LOCH COURT ORLANDO, FL 32806	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURGIS, INC. 15305 Dallas Pkwy #1600 Addison, TX 75001	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alex Jenkins By: Surgis, Inc, Member Alex Jenkins, Sec. 03/12/07 972-713-3514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #