

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012003

FILED
Apr 26, 2005
Secretary of State

Entity Name: CEO/CENTER FOR EXECUTIVE OPHTHALMOLOGY, LLC

Current Principal Place of Business:

8940 N KENDALL DR
STE 703E
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 566120
PINECREST, FL 33256

New Mailing Address:

FEI Number: 30-0077623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, ALFRED H MD
12395 SW 68TH AVE
PINECREST, FL 33156 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/MEMBERS:

Title: MGR () Delete
Name: RIVERA, ALFRED H
Address: P.O. BOX 566120
City-St-Zip: PINECREST, FL 33256

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: ALFRED H RIVERA

DR

04/26/2005

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