

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-24-2003 90685 009 ****50.00

DOCUMENT # L02000012003

1. Entity Name

CEO/CENTER FOR EXECUTIVE OPHTHALMOLOGY, LLC



Principal Place of Business

12395 SW 68TH AVE.
PINECREST FL 33156

Mailing Address

P.O. BOX 566120
PINECREST FL 33256

2. Principal Place of Business

8940 N. Kendall Drive

3. Mailing Address

SAHE

Suite, Apt. #, etc.

Suite 703E

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33176

Country

USA

Zip

Country

4. FEI Number

30-0077623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR.
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

ALFRED H. RIVERA, MD

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

12395 SW 68th AVENUE

City

PINECREST

FL

Zip Code

33156

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 this is applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/03

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MGR~~ ☐ Delete
NAME RIVERA, ALFRED H
STREET ADDRESS P.O. BOX 566120
CITY-ST-ZIP PINECREST FL 33256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE PRESIDENT/MANAGER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 609, Florida Statutes.

SIGNATURE:

ALFRED H. RIVERA, MD

3/20/03

(305)666-2365

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

Date

Daytime Phone #

CR2E083 (10/02)