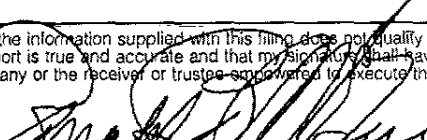


FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000032176		Secretary of State	
1. Entity Name NAPLES EYE SURGERY CENTER, LLC			
Principal Place of Business 12525 NEW BRITAINY BLVD FORT MYERS, FL 33907		Mailing Address 12525 NEW BRITAINY BLVD FORT MYERS, FL 33907	
DO NOT WRITE IN THIS SPACE			
		01222007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 02-0657002	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITESMAN, GUY E 1715 MONROE STREET FORT MYERS, FL 33901		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		02/01/07-80029-020 50.00	
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZELLERS, JUDITH 3925 BONITA BEACH RD BONITA SPRINGS, FL 34134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGUIRE, RONALD 110 COLONIAL ST., SW PORT CHARLOTTE, FL 33952		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNEAD, JOHN W 12525 NEW BRITAINY BLVD FORT MYERS, FL 33907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, JAY S 9050 PITTSBURGH BLVD FORT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  ROSENB. MCGUIRE 1-24-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	