2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000032176

1. Entity Name
NAPLES EYE SURGERY CENTER, LLC

Principal Place of Business	Mailing Address
12525 NEW BRITTAINY BLVD FORT MYERS, FL 33907	12525 NEW BRITTAINY BLVD FORT MYERS, FL 33907

01222007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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)

U00000000316
02/01/07-80023-020 50.00

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ZELLERS, JUDITH
STREET ADDRESS	3925 BONITA BEACH RD
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	MGR
NAME	MCGUIRE, RONALD
STREET ADDRESS	110 COLONIAL ST., SW
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGR
NAME	SNEAD, JOHN W
STREET ADDRESS	12525 NEW BRITTAINY BLVD
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	MGR
NAME	ROSEN, JAY S
STREET ADDRESS	9050 PITTSBURGH BLVD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ronald B. McGuire 1-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #