

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032176

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: NAPLES EYE SURGERY CENTER, LLC

**Current Principal Place of Business:**

1890 SW HEALTH PARKWAY  
105  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

12525 NEW BRITTAIN BLVD  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 02-0657002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITESMAN, GUY E  
1715 MONROE STREET  
FORT MYERS, FL 33901 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZELLERS, JUDITH  
Address: 3925 BONITA BEACH RD  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR ( ) Delete  
Name: MCGUIRE, RONALD  
Address: 110 COLONIAL ST., SW  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR ( ) Delete  
Name: SNEAD, JOHN W  
Address: 12525 NEW BRITTAIN BLVD  
City-St-Zip: FORT MYERS, FL 33907

Title: MGR ( ) Delete  
Name: ROSEN, JAY S  
Address: 9050 PITTSBURGH BLVD  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN W SNEAD

MGR

01/14/2009

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