

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90031 017 ****50.00

DOCUMENT # L02000033047

1. Entity Name
COMMUNITY EYE SURGERY CENTER, L.C.



Principal Place of Business
**21275 OLEAN BLVD.
PORT CHARLOTTE, FL 33952**

Mailing Address
**C/O DAVID A. HOLMES, ESQ.
P.O. DRAWER 511447
PUNTA GORDA, FL 33951-1447**

24046543



02232004No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
31-1821080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLMES, DAVID A ESQ
99 NESBIT STREET
FARR, FARR, EMERICH, SIFRIT, HACKETT & CAR
PUNTA GORDA, FL 33950**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SPADAFORA, JOSEPH
21275 OLEAN BLVD.
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHAIBLE, ERIC
21275 OLEAN BLVD.
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

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

Joseph Spadafora

Date

Daytime Phone #

941-625-1325