

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033047

FILED
Aug 29, 2005
Secretary of State

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

Current Principal Place of Business:

21275 OLEAN BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

C/O DAVID A. HOLMES, ESQ.
P.O. DRAWER 511447
PUNTA GORDA, FL 339511447

New Mailing Address:

C/O DAVID A. HOLMES, ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 31-1821080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLMES, DAVID A ESQ
99 NESBIT STREET
FARR, FARR, EMERICH, SIFRIT, HACKETT & CAR
PUNTA GORDA, FL 33950 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: SPADAFORA, JOSEPH
Address: 21275 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR () Delete
Name: SCHAIBLE, ERIC
Address: 21275 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

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 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 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: JOSEPH SPADAFORA

MGR

08/29/2005

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