


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

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. 99 NESBIT STREET PUNTA GORDA, FL 33950
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01182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 31-1821080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2007

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
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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: Joseph Spadafora Date: 02/15/07 Daytime Phone #: 941-625-1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE