

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033047

FILED
Apr 17, 2009
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.
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 31-1821080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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 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: JOSEPH SPADAFORA MGR 04/17/2009

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