

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033047

FILED
Apr 27, 2011
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 ()**

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:

HOLMES, DAVID A ESQ
99 NESBIT STREET
FARR, FARR, EMERICH, HACKETT & CARR
PUNTA GORDA, FL 33950 US

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: DAVID A HOLMES

04/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SPADAFORA, JOSEPH
Address: 21275 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

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

I hereby 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

04/27/2011

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