
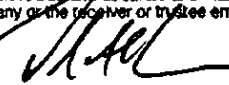


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**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

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
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	4. FEI Number 31-1821080
6. Name and Address of Current Registered Agent HOLMES, DAVID A ESQ 99 NESBIT STREET FARR, FARR, EMERICH, SIFRIT, HACKETT & CAR PUNTA GORDA, FL 33960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable
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.		Date
SIGNATURE _____ (NOTE: Registered Agent's presence required when registering)		
State of Florida Department of State Tallahassee, Florida May 15, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Manager Joseph Spadafora 21275 Olean Blvd. Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Manager Eric Schaible 21275 Olean Blvd. Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 60B, Florida Statutes.		
SIGNATURE: 		David A. Holmes, Authorized Representative 4/30/03

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CHECK HERE IF MAKING CHANGES

CR2E033 (10/02)