

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034312

FILED
Feb 11, 2012
Secretary of State

Entity Name: FLORIDA EYE INSTITUTE SURGICENTER, L.L.C.

Current Principal Place of Business:

2750 INDIAN RIVER BLVD.
VERO BEACH, FL 32960

New Principal Place of Business:

2750 INDIAN RIVER BLVD.
VERO BEACH, FL 32960 UN

Current Mailing Address:

2750 INDIAN RIVER BOULEVARD
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 13-4232690 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAUDO, THOMAS A
2750 INDIAN RIVER BOULEVARD
VERO BEACH, FL 32960 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
Name: ZUDANS, JOHN V MD
Address: 2750 INDIAN RIVER BOULEVARD
City-St-Zip: VERO BEACH, FL 32960

Title: MGR
Name: BAUDO, THOMAS A MD
Address: 2750 INDIAN RIVER BLVD.
City-St-Zip: VERO BEACH, FL 32960 UN

Title: MGR
Name: TODD, KAREN D MD
Address: 2750 INDIAN RIVER BLVD.
City-St-Zip: VERO BEACH, FL 32960 UN

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: JOHN VALDIS ZUDANS, MD

MGR

02/11/2012

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