

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000001150	
1. Entity Name FLORIDA EYE CLINIC, LLC	



FILED
04 JUN 11 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 160 BOSTON AVE. ALTAMONTE SPRINGS FL 32701	Mailing Address 160 BOSTON AVE. ALTAMONTE SPRINGS FL 32701
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

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

6. Name and Address of Current Registered Agent	
PARM, GEN 160 BOSTON AVE. ALTAMONTE SPRINGS FL 32701	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O., Box Number is Not Acceptable)	
500035749805	
05/07/04--01043--001 **200.00	
City	FL Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2004	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD Isler, John 524 Manor Road Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SD Gruenberg, Peter 421 Lakewood Drive Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD Pappas, Harry 641 Bonita Drive Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TD Feldman, Robert 2224 Smoketree Court Longwood, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 608, Florida Statutes.

SIGNATURE:  **John L. Isler, M.D.** **4/19/04** **407-834-7776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #