

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

\$50.00

DOCUMENT # L03000001150



1. Entity Name  
FLORIDA EYE CLINIC, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 17 AM 10:21

Principal Place of Business  
160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701

Mailing Address  
160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 16-1650453  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARM, GEN  
160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PD ☐ Delete  
NAME ISLER, JOHN  
STREET ADDRESS 524 MANOR RD  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Change ☒ Addition  
NAME Jochum, James  
STREET ADDRESS 2116 Silver Leaf Court  
CITY-ST-ZIP Longwood, FL 32779

TITLE SD ☐ Delete  
NAME GRUENBERG, PETER  
STREET ADDRESS 421 LAKEWOOD DR  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D ☐ Change ☒ Addition  
NAME Parks, Ross  
STREET ADDRESS 896 Brightwater Circle  
CITY-ST-ZIP Maitland, FL 32751

TITLE VPD ☐ Delete  
NAME PAPPAS, HARRY  
STREET ADDRESS 641 BONITA DR  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition  
NAME 600045522576  
STREET ADDRESS 01/27/05--01048--001 \*\*300.00  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME FELDMAN, ROBERT  
STREET ADDRESS 2224 SMOKETREE CT  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE TD ☒ Change ☐ Addition  
NAME Feldman, Robert  
STREET ADDRESS 1316 Green Cove Road  
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MD 1/14/05 407-834-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #