

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001150

Entity Name: FLORIDA EYE CLINIC, LLC

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 16-1650453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARM, GEN  
160 BOSTON AVE.  
ALTAMONTE SPRINGS, FL 32701 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: PD ( ) Delete  
Name: ISLER, JOHN  
Address: 524 MANOR RD  
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete  
Name: GRUENBERG, PETER  
Address: 421 LAKEWOOD DR  
City-St-Zip: WINTER PARK, FL 32789

Title: VPD ( ) Delete  
Name: PAPPAS, HARRY  
Address: 641 BONITA DR  
City-St-Zip: WINTER PARK, FL 32789

Title: TD ( ) Delete  
Name: FELDMAN, ROBERT  
Address: 1316 GREEN COVE ROAD  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: JOCHUM, JAMES  
Address: 2116 SILVER LEAF COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: PARKS, ROSS  
Address: 896 BRIGHTWATER CIRCLE  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 ISLER

PD

04/27/2006

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