

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90092 006 ****50.00

DOCUMENT # L03000001150

1. Entity Name
FLORIDA EYE CLINIC, LLC



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

Mailing Address
**160 BOSTON AVE.
ALTAMONTE SPRINGS, FL 32701**

40122525



06152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1650453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME ISLER, JOHN
STREET ADDRESS ~~524 MANOR RD~~ 1742 Temple Drive
CITY-ST-ZIP MAITLAND, FL 32751 Winter Park, FL 32789

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

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

TITLE TD
NAME FELDMAN, ROBERT
STREET ADDRESS 1316 GREEN COVE ROAD
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME JOCHUM, JAMES
STREET ADDRESS 2116 SILVER LEAF COURT
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE D
NAME PARKS, ROSS
STREET ADDRESS 896 BRIGHTWATER CIRCLE
CITY-ST-ZIP MAITLAND, FL 32751

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 6/18/07 407-834-7776

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

Date

Daytime Phone #