

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001150

Entity Name: FLORIDA EYE CLINIC, LLC

FILED
Apr 26, 2009
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:

PAPPAS, HARRY M.D.
160 BOSTON AVE.
ALTAMONTE SPRINGS, FL 32701 US

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: HARRY PAPPAS

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: ISLER, JOHN
Address: 1742 TEMPLE DR
City-St-Zip: WINTER PARK, FL 32789

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
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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 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: HARRY PAPPAS

VPD

04/26/2009

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