

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001150

Entity Name: FLORIDA EYE CLINIC, LLC

FILED
Apr 27, 2011
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:

PAPPAS, HARRY M.D.
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
Name: ISLER, JOHN
Address: 1742 TEMPLE DR
City-St-Zip: WINTER PARK, FL 32789

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

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

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

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

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

I hereby 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

04/27/2011

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