

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000037962

1. Entity Name

EYE DOCS OF PALM BAY, LLC



Principal Place of Business

**502 E. NEW HAVEN
MELBOURNE FL 32901**

Mailing Address

**502 E. NEW HAVEN
MELBOURNE FL 32901**



2. Principal Place of Business

Suite, Apt #, etc.

3. Mailing Address

Suite, Apt #, etc.

1st MOORE

CR2E083 (10/04)

City & State

City & State

4. FEI Number
56-2409817

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FALLACE, JAMES
1900 S. HICKORY ST., STE. A
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BROUSSARD, WILLIAM J
STREET ADDRESS 502 E. NEW HAVEN AVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE MGR ☐ Delete
NAME AXEL, MARION
STREET ADDRESS 502 E. NEW HAVEN AVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE MGR ☐ Delete
NAME PAYLOR, RALPH R
STREET ADDRESS 502 E. NEW HAVEN AVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE MGR ☐ Delete
NAME ZORBIS, ANDREW
STREET ADDRESS 502 E. NEW HAVEN AVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
TITLE **NAME**
STREET ADDRESS U00000346132
CITY-ST-ZIP 04/30/05-80064-001 55.00

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

☐ Change ☐ Addition
TITLE **NAME**
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☐ Change ☐ Addition
TITLE **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)(f), 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:

William J. Broussard **MANAGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-05

321-726-4000

Date

Daytime Phone #