

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90323 006 \*\*\*\*55.00

**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

**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
56-2409817

Applied For  
Not Applicable

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

**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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROUSSARD, WILLIAM J 502 E. NEW HAVEN AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AXEL, MARION 502 E. NEW HAVEN AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAYLOR, RALPH R 502 E. NEW HAVEN AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZORBIS, ANDREW 502 E. NEW HAVEN AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEISER, DAVID S 502 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FREEMAN, L. NEAL 502 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901

**DO NOT WRITE  
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:** \_\_\_\_\_

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

Date

Daytime Phone #

*William J. Broussard* 4/26/07  
William J. Broussard 321-726-4000