

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037962

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: EYE DOCS OF PALM BAY, LLC

**Current Principal Place of Business:**

502 E. NEW HAVEN  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

502 E. NEW HAVEN  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 56-2409817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FALLACE, JAMES  
1900 S. HICKORY ST., STE. A  
MELBOURNE, FL 32901 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: MGR ( ) Delete  
Name: BROUSSARD, WILLIAM J  
Address: 502 E. NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete  
Name: PAYLOR, RALPH R  
Address: 502 E. NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete  
Name: ZORBIS, ANDREW  
Address: 502 E. NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete  
Name: WEISER, DAVID S  
Address: 502 EAST NEW HAVEN AVENUE  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete  
Name: FREEMAN, L. NEAL  
Address: 502 EAST NEW HAVEN AVENUE  
City-St-Zip: MELBOURNE, FL 32901

**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  
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: WILLIAM J. BROUSSARD

MGR

04/28/2009

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