

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037962

FILED
Apr 20, 2012
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
Name: BROUSSARD, WILLIAM J
Address: 502 E. NEW HAVEN AVE
City-St-Zip: MELBOURNE, FL 32901

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

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

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

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

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: WILLIAM J. BROUSSARD

MGR

04/20/2012

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