


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90042 046 ****50.00

DOCUMENT # L03000038021 1. Entity Name FLORIDA EYE AND LASER INSTITUTE LLC	
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Principal Place of Business 3195 TAMIAMI TRAIL SUITE B PORT CHARLOTTE, FL 33952	Mailing Address 3195 TAMIAMI TRAIL SUITE B PORT CHARLOTTE, FL 33952
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 30-0200937	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HEGLEH, JOSEPH MD 3195 TAMIAMI TRAIL SUITE B PORT CHARLOTTE, FL 33952	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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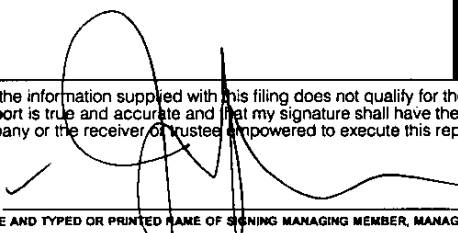
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEGLEH, JOSEPH MD 3195 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		