

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000040195

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** EYE INSTITUTE SURGERY CENTER, LLC

**Current Principal Place of Business:**

1995 W. NASA BLVD., STE. 200  
100  
MELBOURNE, FL 32904

**New Principal Place of Business:**

1995 W. NASA BLVD.  
100  
MELBOURNE, FL 32904

**Current Mailing Address:**

1995 W. NASA BLVD., STE. 200  
100  
MELBOURNE, FL 32904

**New Mailing Address:**

1995 W. NASA BLVD.  
100  
MELBOURNE, FL 32904

**FEI Number:** 20-0314591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCMANUS, JAMES N DR  
1995 W. NASA BLVD  
100  
MELBOURNE, FL 32904 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: MCMANUS, JAMES N  
Address: 1995 W. NASA BLVD., STE. 100  
City-St-Zip: MELBOURNE, FL 32904

Title: MGR  
Name: SHUMAKE, CHRISTOPHER S  
Address: 1995 W. NASA BLVD., STE. 100  
City-St-Zip: MELBOURNE, FL 32904

Title: MGR  
Name: GANIBAN, GARY J  
Address: 1995 W. NASA BLVD., STE. 100  
City-St-Zip: MELBOURNE, FL 32904

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: JAMES N. MCMANUS

MEMB

04/05/2011

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