

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044942

FILED
Apr 28, 2005
Secretary of State

Entity Name: LAKE CITY EYE PHYSICIANS, LLC

Current Principal Place of Business:

621 SW BAYA DRIVE
SUITE 101
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

621 SW BAYA DRIVE
SUITE 101
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 20-0429063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALEY, WILLIAM J
116 NW COLUMBIA AVE.
LAKE CITY, FL 32056 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/MEMBERS:

Title: MGRM () Delete
Name: COLE, REAVES
Address: 621 SW BAYA DR STE 101
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REAVES C. COLE

MGRM

04/28/2005

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