

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049583

FILED
Apr 12, 2010
Secretary of State

Entity Name: TOMOKA EYE PROPERTIES-ORMOND, LLC

Current Principal Place of Business:

345 CLYDE MORRIS BLVD
SUITE 330
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

345 CLYDE MORRIS BLVD
SUITE 330
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-0783524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKOWSKI, MICHAEL K MD
345 CLYDE MORRIS BLVD
SUITE 330
ORMOND BEACH, FL 32174 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: MGRM
Name: MAKOWSKI, MICHAEL K MD
Address: 345 CLYDE MORRIS BLVD., STE. 330
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: SPERTUS, ALAN D MD
Address: 345 CLYDE MORRIS BLVD., STE. 330
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: KENNEDY, MARK E MD
Address: 345 CLYDE MORRIS BLVD., STE. 330
City-St-Zip: ORMOND BEACH, FL 32174

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: MICHAEL K MAKOWSKI, MD

MGRM

04/12/2010

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