2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

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Entity Name: CENTRAL FLORIDA EYE INSTITUTE, P.L.

Current Principal Place of Business:

3133 S.W. 32ND AVE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

3133 S.W. 32ND AVE
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 42-1621290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUMMANS, LAURA
10457 GALLERIA STREET
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

CROLEY, THOMAS L
3133 S.W. 32ND AVENUE
OCALA, FL 34474 US

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: THOMAS L. CROLEY, REGISTERED AGENT 02/08/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CROLEY, THOMAS L
Address: 3133 S.W. 32ND AVENUE
City-St-Zip: OCALA, FL 34474 US

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 Chapter 119, 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: THOMAS L. CROLEY, MANAGING MEMBER MGRM 02/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date