

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018073

FILED
Feb 02, 2009
Secretary of State

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:

CROLEY, THOMAS L
3133 S.W. 32ND AVENUE
OCALA, FL 34474 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 () 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 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, M.D.

MGRM

02/02/2009

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