

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000018073

**FILED**  
**Feb 02, 2012**  
**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  
Name: CROLEY, THOMAS L  
Address: 3133 S.W. 32ND AVENUE  
City-St-Zip: Ocala, FL 34474 US

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: THOMAS L CROLEY

MGRM

02/02/2012

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