

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064942

FILED
Apr 16, 2007
Secretary of State

Entity Name: OCALA EYE PROPERTIES, LLC

Current Principal Place of Business:

1500 S MAGNOLIA AVENUE
SUITE 106
OCALA, FL 34471 US

Current Mailing Address:

1500 S MAGNOLIA AVENUE
SUITE 106
OCALA, FL 34471 US

New Principal Place of Business:

1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471 US

New Mailing Address:

1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471 US

FEI Number: 20-1646942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, GARY C ESQUIRE
121 NW THIRD STREET
OCALA, FL 34475 US

Name and Address of New Registered Agent:

MORRIS, MICHAEL
1500 S.E. MAGNOLIA EXTENSION
SUITE 106
OCALA, FL 34471 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: MICHAEL MORRIS

04/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHWENK, GORDON C MD
Address: 1500 S MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR () Delete
Name: DEATON, JOHN S DO
Address: 1500 SE MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR () Delete
Name: RICHARD, WARREN C MD
Address: 1500 SE MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR () Delete
Name: JANK, MARK A MD
Address: 1500 SE MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR () Delete
Name: MORRIS, MICHAEL MD
Address: 1500 SE MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR () Delete
Name: SAMY, CHANDER MD
Address: 1500 SE MAGNOLIA AVENUE SUITE 106
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHWENK, GORDON C MD
Address: 1500 S.E. MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Change () Addition
Name: DEATON, JOHN S DO
Address: 1500 S.E. MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Change () Addition
Name: RICHARD, WARREN C MD
Address: 1500 S.E. MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Change () Addition
Name: JANK, MARK A MD
Address: 1500 S.E. MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Change () Addition
Name: MORRIS, MICHAEL MD
Address: 1500 S.E. MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

Title: MGR (X) Change () Addition
Name: SAMY, CHANDER MD
Address: 1500 S.E. MAGNOLIA EXTENSION SUITE 106
City-St-Zip: OCALA, FL 34471 US

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: MICHAEL MORRIS, M.D.

MGR

04/16/2007

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