## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000064942

Entity Name: OCALA EYE PROPERTIES, LLC

FILED Mar 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3130 SW 32ND AVE OCALA, FL 34474 US

**Current Mailing Address: New Mailing Address:** 

3130 SW 32ND AVE 3130 SW 32ND AVE SUITE 106 OCALA, FL 34474 US OCALA, FL 34474 US

FEI Number: 20-1646942 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, MICHAEL MORRIS, MICHAEL 1500 S.E. MAGNOLIA EXTENSION 3130 S.W. 32ND AVENUE SUITE 106

OCALA, FL 34471 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 03/12/2009

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition MGR () Delete SCHWENK, GORDON C MD SCHWENK, GORDON C MD Name: Name: 31330 SW 32ND AVE Address: 3130 SW 32ND AVE Address: City-St-Zip: OCALA, FL 34474 US City-St-Zip: OCALA, FL 34474 US

Title: MGR () Delete Title: MGR (X) Change ( ) Addition DEATON, JOHN S DO Name: JANK, MARK A MD Name:

Address: 1500 S.E. MAGNOLIA EXTENSION SUITE 106 Address: 3130 S.W. 32ND AVENUE City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34474 US

Title: MGR () Delete Title: MGR (X) Change ( ) Addition RICHARD, WARREN C MD

DEATON, JOHN S DO Name: Name: 1500 S.E. MAGNOLIA EXTENSION SUITE 106 Address: Address: 3130 S.W. 32ND AVENUE

City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34474 US

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Name: JANK, MARK A MD Name: WARREN, RICHARD C MD 1500 S.E. MAGNOLIA EXTENSION SUITE 106 Address: Address: 3130 S.W. 32ND AVENUE City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34474 US

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MORRIS, MICHAEL MD MORRIS, MICHAEL MD Name: Name: 1500 S.E. MAGNOLIA EXTENSION SUITE 106 3130 S.W. 32ND AVENUE Address: Address: City-St-Zip: OCALA, FL 34471 US City-St-Zip: OCALA, FL 34474 US

Title: () Delete Title: (X) Change ( ) Addition

SAMY, CHANDER MD SAMY CHANDER MD Name: Name: Address: 1500 S.E. MAGNOLIA EXTENSION SUITE 106 Address: 3130 S.W. 32ND AVENUE OCALA, FL 34471 US OCALA, FL 34474 US City-St-Zip: 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: GORDON C. SCHWENK 03/12/2009