

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010282

FILED  
Mar 15, 2007  
Secretary of State

Entity Name: PASADENA EYE CENTER, L.L.C.

## Current Principal Place of Business:

6950 CENTRAL AVENUE  
SUITE 120  
ST. PETERSBURG, FL 33707

## New Principal Place of Business:

6950 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

## Current Mailing Address:

6950 CENTRAL AVENUE  
SUITE 120  
ST. PETERSBURG, FL 33707

## New Mailing Address:

6950 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

FEI Number: 75-3181192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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: MGR ( ) Delete  
Name: HALL, DAVID E M.D.  
Address: 6950 CENTRAL AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: MGR ( ) Delete  
Name: EMERY, NATHAN R M.D.  
Address: 6950 CENTRAL AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33707

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID E. HALL, MD

MGR

03/15/2007

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