

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044912

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** BOCA RATON RETINA INSTITUTE OF FLORIDA, P.L.

**Current Principal Place of Business:**

1050 N.W. 15TH STREET  
STE 114-116  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

1050 N.W. 15TH STREET  
STE 114-116  
BOCA RATON, FL 33486 US

**New Mailing Address:**

**FEI Number:** 20-2803755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSECAN, LAUREN R  
901 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 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: P ( ) Delete  
Name: ROSECAN, LAUREN  
Address: 901 N FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: ROSECAN, LAUREN R  
Address: 901 N FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: LAUREN R. ROSECAN MD

DR.

01/16/2009

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