2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L05000045795

1. Entity Name

PALM BEACH GARDENS RETINA INSTITUTE OF FLORIDA, P.L.



FILED Feb 26, 2007 08:00 AM **Secretary of State**

Principal Place of Business

11382 PROSPERITY FARMS RD.

SUITE 127

PALM BEACH GARDENS, FL 33410

Mailing Address

11382 PROSPERITY FARMS RD.

SUITE 127

PALM BEACH GARDENS, FL 33410

01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2810840 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSECAN, LAUREN R 901 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401

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		of the state of t	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
NAME	ROSECAN, LAUREN		
STREET ADDRESS	901 N FLAGLER DRIVE	,	•
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	İ	

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE