

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000034365

FILED
Oct 09, 2007
Secretary of State

Entity Name: THE EYE INSTITUTE OF WEST FLORIDA REFRACTIVE SURGERY CENTER, L.L.C.

Current Principal Place of Business:

148 13TH STREET S.W.
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

148 13TH STREET S.W.
LARGO, FL 33770

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RUGGLES, THOMAS W ESQ
603 INDIAN ROCKS ROAD
BELLEAIR, FL 33756 US

Name and Address of New Registered Agent:

WEINSTOCK, STEPHEN MD
148 13TH STREET SW
LARGO, FL 33770 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: STEPHEN M WEINSTOCK, MD

10/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEINSTOCK, STEPHEN M
Address: 148 13TH STREET S.W.
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
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: STEPHEN M WEINSTOCK, MD

MGRM

10/09/2007

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