


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90168 047 ***138.75

DOCUMENT # L06000061620

1. Entity Name
 OCALA EYE PROPERTIES - SURGERY CENTER, LLC



Principal Place of Business Mailing Address
 3330 S.W. 33RD ROAD 3330 S.W. 33RD ROAD
 OCALA, FL 34474 US OCALA, FL 34474 US

50004154

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State Ocala FL
 Zip Country Zip 34474 Country USA



04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MORRIS, MICHAEL
 3330 S.W. 33RD ROAD
 OCALA, FL 34474

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCALA EYE SURGERY CENTER, INC. <input type="checkbox"/> Delete 1500 S.E. MAGNOLIA EXTENSION, SUITE 106 OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date: 4/13/08 Daytime Phone #: 3526225183

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