

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 3330 S.W. 33RD ROAD OCALA, FL 34474 US | | | Mailing Address 3330 S.W. 33RD ROAD OCALA, FL 34474 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 3130 SW 32nd Ave Suite, Apt. #, etc. | | | |
| City & State Ocala FL | | City & State Ocala FL | | 4. FEI Number NOT APPLICABLE | |
| Zip 34474 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORRIS, MICHAEL 3330 S.W. 33RD ROAD OCALA, FL 34474 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 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 MGRM | NAME OCALA EYE SURGERY CENTER, INC. | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1500 S.E. MAGNOLIA EXTENSION, SUITE 106 | CITY-ST-ZIP OCALA, FL 34471 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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"/> 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: 4/3/08 | | Daytime Phone #: 3526225183 |

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