

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061620

**FILED**  
**Mar 14, 2009**  
**Secretary of State**

**Entity Name:** OCALA EYE PROPERTIES - SURGERY CENTER, LLC

**Current Principal Place of Business:**

3330 S.W. 33RD ROAD  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

3130 SW 32ND AVE  
OCALA, FL 34474 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

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

MORRIS, MICHAEL  
3130 S.W. 32ND AVENUE  
OCALA, FL 34474 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: MICHAEL MORRIS

03/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OCALA EYE SURGERY CE, NTER, INC.  
Address: 1500 S.E. MAGNOLIA EXTENSION, SUITE 106  
City-St-Zip: OCALA, FL 34471 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OCALA EYE SURGERY CE, NTER, INC.  
Address: 3330 S.W. 33RD ROAD  
City-St-Zip: OCALA, FL 34474 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: MICHAEL MORRIS

MGRM

03/14/2009

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