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Secretary of State

04-30-2007 90068 004 ****50.00

APR-27-2007 15:09 AKERMAN SENTERFITT

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000065180

1. Entity Name
RETINA VITREOUS CONSULTANTS OF WEST FLORIDA, P.L.

Principal Place of Business	Mailing Address
1206 COURT STREET CLEARWATER FL 33756	1206 COURT STREET CLEARWATER FL 33756

04272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5437 Main Street #102		5437 Main Street #102	
Suite 102		Suite 102	
City & State: New Port Richey, FL		City & State: New Port Richey, FL	
Zip: 34652	Country	Zip: 34652	Country

4. FEI Number: 20-5212030 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHAHEEN, L JOSEPH JR.
401 EAST JACKSON STREET
SUITE 2400
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: American Information Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 401 E. Jackson Street
Suite 1700
City: Tampa FL Zip Code: 33602

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: L. Joseph Shaheen, Jr. [signature] 4/27/07
Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Marc J. Mallis, M.D. 5437 Main St. Suite 102 New Port Richey, FL 34652 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: [signature] Marc Mallis, M.D. 4/27/07 (727) 938-2879
Signature and typed or printed name of signing managing member, manager, or authorized representative. Date. Daytime Phone #