

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000076842

**FILED**  
**Jul 03, 2007**  
**Secretary of State**

**Entity Name:** EYE SURGERY CENTER OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

1235 SAN MARCO BOULEVARD  
SUITE 404  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1235 SAN MARCO BOULEVARD  
SUITE 404  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 20-5326854      **FEI Number Applied For ( )**      **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:**

AUSTIN, RONALD R  
1400 PRUDENTIAL DRIVE  
SUITE 1  
JACKSONVILLE, FL 32207 US

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

BARKEY, PATTI  
1235 SAN MARCO BLVD  
SUITE 404  
JACKSONVILLE, FL 32207 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: PATTI BARKEY

07/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOWDEN, FRANK W  
Address: 1235 SAN MARCO BOULEVARD, SUITE 404  
City-St-Zip: JACKSONVILLE, FL 32207

**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: PATTI BARKEY, COE, OCS

MRS

07/03/2007

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