2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2008
Secretary of State

DOCUMENT# L06000076842

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:

7205 BONNEVAL ROAD
JACKSONVILLE, FL 32256

Current Mailing Address:

1235 SAN MARCO BOULEVARD
SUITE 404
JACKSONVILLE, FL 32207

New Mailing Address:

7205 BONNEVAL ROAD
JACKSONVILLE, FL 32256

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:

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

Name and Address of New Registered Agent:

BARKEY, PATTI
7205 BONNEVAL ROAD
JACKSONVILLE, FL 32256 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 05/17/2008
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: MGRM (X) Change ( ) Addition
Name: BOWDEN, FRANK W
Address: 7205 BONNEVAL ROAD
City-St-Zip: JACKSONVILLE, FL 32256

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: FRANK BOWDEN DR 05/17/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date