2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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Entity Name: EYE SURGERY CENTER OF NORTH FLORIDA, LLC

Current Principal Place of Business:

7205 BONNEVAL ROAD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7205 BONNEVAL ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-5326854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARKEY, PATTI
7205 BONNEVAL ROAD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MD
Name: BOWDEN, FRANK W
Address: 7205 BONNEVAL ROAD
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 Statues.

SIGNATURE: PATTI BARKEY ADMI 04/29/2011

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