

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000076842

**FILED**  
**Jul 09, 2012**  
**Secretary of State**

**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 ( )**

**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 Statutes.

SIGNATURE: FRANK W. BOWDEN, III, M.D., FACS

DR.

07/09/2012

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