

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086364

FILED
Apr 23, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA EYE ASSOCIATES, LLC

Current Principal Place of Business:

1900 NORTH ORANGE AVENUE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

C/O CARLA TURNER-HAHN, ESQ.
1900 NORTH ORANGE AVE
ORLANDO, FL 32804

New Mailing Address:

1900 NORTH ORANGE AVENUE
ORLANDO, FL 32804

FEI Number: 20-5636350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER-HAHN, CARLA ESQ.
4701 CENTRAL AVENUE, SUITE A
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

TURNER-HAHN, CARLA ESQ.
4701 CENTRAL AVENUE
SUITE A
ST. PETERSBURG, FL 33713 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: CARLA TURNER-HAHN

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAHIDI, NAVID M.D.
Address: 1900 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Delete
Name: DRISCOLL, LISA SUE
Address: 1900 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA SUE DRISCOLL

MGR

04/23/2007

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