2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L06000086364

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:

1900 NORTH ORANGE AVENUE
ORLANDO, FL 32804

New Mailing Address:

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.
980 TYRONE BOULEVARD
ST. PETERSBURG, FL 33710 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 04/25/2008
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 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 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date