

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086364

FILED  
Apr 15, 2009  
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:**

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.  
980 TYRONE BOULEVARD  
ST. PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

TURNER-HAHN, CARLA ESQ.  
1517 JUNGLE AVE. N.  
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

04/15/2009

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

04/15/2009

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