2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/8/14/2008-90036-002-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 15 AM 11:00

08082008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000066786

1. Entity Name
WEST BOCA EYE ASSOCIATES, LLC

Principal Place of Business	Mailing Address
9980 CENTRAL PARK BLVD., NO STE. C BOCA RATON, FL 33428	9980 CENTRAL PARK BLVD., NO STE. C BOCA RATON, FL 33428

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9980 Central Park Blvd. N	9980 Central Park Blvd. N
Suite, Apt. #, etc.: Suite 126-128	Suite, Apt. #, etc.: Suite 126-128
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33428 Country:	Zip: 33428 Country:

4. FEI Number: 65-0051566 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES HAMMOND, P.L.
283 CRANES ROOST BLVD., STE. 165
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTAS KEILSON, LOUIS R 9980 CENTRAL PARK BLVD., NO STE. C BOCA RATON, FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SEGALL, MORRIS F 9980 CENTRAL PARK BLVD., NO STE. C BOCA RATON, FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 10-8-08 305-461-0212

Signature and typed or printed name of signing managing member, manager, or authorized representative — Date — Daytime Phone #