

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000066786

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** WEST BOCA EYE ASSOCIATES, LLC

**Current Principal Place of Business:**

9980 CENTRAL PARK BLVD., N  
STE 126-128  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

9980 CENTRAL PARK BLVD., N  
STE 126-128  
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number:** 65-0051566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHARLES HAMMOND, P.L.  
283 CRANES ROOST BLVD., STE. 165  
ALTAMONTE SPRINGS, FL 32701 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:** PTAS  
**Name:** KEILSON, LOUIS R  
**Address:** 9980 CENTRAL PARK BLVD. N STE 126-128  
**City-St-Zip:** BOCA RATON, FL 33428

**Title:** VS  
**Name:** SEGALL, MORRIS F  
**Address:** 9980 CENTRAL PARK BLVD. N STE 126-128  
**City-St-Zip:** BOCA RATON, FL 33428

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:** MORRIS F SEGALL, MD

MR.

03/17/2011

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