2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000123889

Entity Name: EYE SURGEONS OF BROWARD, LLC

Current Principal Place of Business:

2740 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2740 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 26-2000483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NANETTE O'DONNELL, P.A.
C/O DUANE MORRIS LLP
200 S. BISCAYNE BOULEVARD, SUITE 3400
MIAMI, FL 33131 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: MGRM ( ) Delete
Name: FISHMAN, ART M.D.
Address: 2740 HOLLYWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Delete
Name: CARDONE, SCOTT M.D.
Address: 2740 HOLLYWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FISHMAN, ARTHUR M M.D.
Address: 2740 HOLLYWOOD BOULEVARD
City-St-Zip: HOLLYWOOD, FL 33020

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: ARTHUR M. FISHMAN MGRM 05/01/2008

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