

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124124

FILED
Jan 16, 2009
Secretary of State

Entity Name: EYE SPECIALTY PROPERTIES OF BOCA, LLC

Current Principal Place of Business:

1717 W. WOOLBRIGHT ROAD
ATTN: LEE FRIEDMAN, M.D.
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1717 W. WOOLBRIGHT ROAD
ATTN: LEE FRIEDMAN, M.D.
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 26-1686508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATIO COMPANY OF MIAMI
ATTN: JOHN C. STRICKROOT JR.
525 OKEECHOBEE BLVD., SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI
ATTN: JOHN C. STRICKROOT JR.
525 OKEECHOBEE BLVD., SUITE 1100
WEST PALM BEACH, FL 33401 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: JOHN C. STRICKROOT JR.

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIEDMAN, LEE S M.D.
Address: 1717 W. WOOLBRIGHT ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: KATZ, RANDY M.D.
Address: 1717 W. WOOLBRIGHT ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: SCHECHTER, BARRY A M.D.
Address: 1717 W. WOOLBRIGHT ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEE S. FRIEDMAN, M.D.

MGR

01/16/2009

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