

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124124

**FILED**  
**Mar 16, 2011**  
**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:**

CORPORATION 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:**

EDWARD A ZURAW & COMPANY  
209 S E 5TH AVENUE  
DELRAY BEACH, FL 33483 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: EDWARD A ZURAW

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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: RANDY S KATZ

MGR

03/16/2011

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