

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007677

FILED
Feb 03, 2009
Secretary of State

Entity Name: NORMAN KLINE, MD, LLC

Current Principal Place of Business:

1801 NORTH UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

7421 N UNIVERSITY DRIVE
SUITE 109
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 35-2308681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EYE PHYSICIANS OF FLORIDA, LLP
7421 N UNIVERSITY DRIVE
SUITE 109
TAMARAC, FL 33321 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: MGR () Delete
Name: EYE PHYSICIANS OF FL, ORIDA, LLP
Address: 7421 N UNIVERSITY DRIVE SUITE 109
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES:

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: EYE PHYSICIANS OF FLORIDA, LLP

MGR

02/03/2009

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