

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029594

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** EYE PHYSICIANS OF CENTRAL FLORIDA, P.L.C.

**Current Principal Place of Business:**

249 MORAY LANE  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

790 CONCOURSE PKWY  
STE 200 A  
MAITLAND, FL 32751 US

**Current Mailing Address:**

249 MORAY LANE  
WINTER PARK, FL 32792 US

**New Mailing Address:**

790 CONCOURSE PKWY  
STE 200 A  
MAITLAND, FL 32751 US

FEI Number: 26-2258314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLD, ROBERT G  
249 MORAY LANE  
WINTER PARK, FL 32792 US

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

GOLD, ROBERT G  
790 CONCOURSE PKWY  
STE 200 A  
MAITLAND, FL 32751 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:

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOLD, ROBERT S M.D.  
Address: 790 CONCOURSE PKWY STE 200 A  
City-St-Zip: MAITLAND, FL 32751 US

Title: MGR  
Name: AUERBACH, DAVID D.O.  
Address: 790 CONCOURSE PKWY STE 200 A  
City-St-Zip: MAITLAND, FL 32751 US

Title: MGR  
Name: BLUMENFELD, LOUIS M.D.  
Address: 790 CONCOURSE PKWY STE 200 A  
City-St-Zip: MAITLAND, FL 32751 US

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: ROBERT GOLD

MGR

03/10/2011

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