

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057411

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** EYE SURGEONS ASSOCIATES PL

**Current Principal Place of Business:**

900 W 49TH STREET  
STE 300  
HIALEAH, FL 33012

**New Principal Place of Business:**

9000 SW 87 COURT  
STE 207  
MIAMI, FL 33176

**Current Mailing Address:**

5001 COLLINS AVE  
STE 1 - G  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 27-2712400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FABIAN A. PAL, ESQ.  
1395 BRICKELL AVENUE  
14TH FLOOR  
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  
Name: OSVALDO J CAFFA, M.D.  
Address: 5001 COLLINS AVENUE, UNIT 1G  
City-St-Zip: MIAMI BEACH, FL 33140

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: OSVALDO J CAFFA

MGRM

02/07/2012

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