

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000007379

FILED
Feb 23, 2012
Secretary of State

Entity Name: UNIVERSITY OF CENTRAL FLORIDA EYE INSTITUTE, PLLC

Current Principal Place of Business:

4448 RESEDA WAY
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

4448 RESEDA WAY
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TRESPALACIOS, RAFAEL
4448 RESEDA WAY
ROCKLEDGE, FL 32955 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: TRESPALACIOS, RAFAEL
Address: 4448 RESEDA WAY
City-St-Zip: ROCKLEDGE, FL 32955 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: RAFAEL TRESPALACIOS MGRM 02/23/2012

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