

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L96000000455

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA EYE INSTITUTE LASER CENTER, L.C.

**Current Principal Place of Business:**

2750 INDIAN RIVER BLVD  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 27  
VERO BEACH, FL 329610027

**New Mailing Address:**

2750 INDIAN RIVER BLVD.  
VERO BEACH, FL 32960

**FEI Number:** 65-0674637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINOTTY, PAUL V M.D.  
777-37TH STREET  
SUITE D103  
VERO BEACH, FL 32960 US

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

TODD, KAREN D M.D.  
2750 INDIAN RIVER BLVD.  
VERO BEACH, FL 32960 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: KAREN D. TODD

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ZUDANS, JOHN V MD  
Address: 2750 INDIAN RIVER BLVD.  
City-St-Zip: VERO BEACH, FL 32960

Title: MGR  
Name: BAUDO, THOMAS A MD  
Address: 2750 INDIAN RIVER BLVD.  
City-St-Zip: VERO BEACH, FL 32960

Title: MGR  
Name: TODD, KAREN D MD  
Address: 2750 INDIAN RIVER BLVD.  
City-St-Zip: VERO BEACH, FL 32960

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: J. VALDIS ZUDANS, MD

MGR

04/06/2011

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