2000 UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT #  1. Entity Name	L9900003279							
EYE SURGERY & LASE	ER CENTER, LLC	<b>€</b> . — Week						
Principal Place of Business	Mailing Address							
409 AVE. K., S.E. WINTER HAVEN FL 33880	409 AVE. K., S.E. Winter Haven Fl 33880	D-41 <i>2</i> 6						
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.							
City 9 Ctata	City & State							

APPROVED AND FILED

00 MAY -5 PM 3: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt.	ite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE							
City & State	City & State City & State							4. FEI Number 59 - 358 / 143						oplied For ot Applicable	]
Zip		Country	Zi	Zip Country				Certificate o					0 Ade	ditional d	
•	6. Name	and Address of Curr	ent Registe	red Agent		7. Name and Address of New Registered Agent									
						Name									
WELCH, DANIEL W					Street Address (P.O. Box Number is Not Acceptable)										
407 AVE. K., S.E. WINTER HAVEN FL 33880														$\{$	
						City					FI	_   Z	ip Cod	е	
8. The above	named entity	submits this stateme	nt for the pu	rpose of changing its	eaister	ed office or	registered age	ent, or both	in the Sta	ate of Fk	orida.				1
<b>VI</b> 1110 00010	named onthe			, post an entanging ne				,	,						
SIGNATURE .	<del></del> :-		<del></del>		D						DATE			<del></del>	ĺ
	Signature, typed	or printed name of registered a	gent and title if a	ipplicable. (NOTE:	Registere	a Agent signati	ure required when re-	instating)	<del></del> _		DATE		·	<del></del>	1
			Į	FILE NO	W!!!	FEE IS \$	50.00	ļ							
•				Make Check Pay	able t	o Departi	ment of Stat	е ,	٧.						
							<del> </del>								4
9.	MANAGING MEMBERS/MEMBERS				10.										
TITLE MAME	MGRM Welch, D	ANIEL W		☐ Delete	TITL		MGMR FISCH	ER. F	RANK				nana	Addition.	(65,6)
STREET ADDRESS	407 AVE.					EET ADDRESS	407 A								EOEB
CITY-ST-ZIP		IAVEN FL 33880			CITY	- \$1-ZIP	WINTE				3388	0		_	Ä
TITLE	MGRM		··- <u>-</u>	☐ Delete	TITL	E	MGMR			_			tiange	Addition	뜐
NAME	LOEWY, D				MAM	-	SCHEM	MER,	GARY	173					l
STREET ADDRESS CITY-ST-ZIP	407 AVE. K., S.E.			ET ADDRESS - ST-ZIP		407 AVE. K, S.E. WINTER HAVEN, FL 33880				n					
	WINTER F	IAVEN FL 33880		والمستعددة المستعددة	- ππι								hange `	~ [XAddition]	1
MAME	~			- I Destin	MAM		MGMR SILBI	GER;	JONA	THAN	rs.		_	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
STREET ADDRESS					\$TRE	ET ADDRESS	407 A	VE. K	, s.	Ε.					
CITY-ST-ZIP					CITY	- \$T- ZIP	WINTE	R HAV	EN,	FL_	3388	0			
्रसाध	_			Ockste	TITL								hange	molifich [	1
NAME	•				NAM										
STREET ADDRESS CITY-ST-ZIP	,					ET AODRESS - ST- ZIP				<u></u>					
tate			<del></del>	☐ Delete	TITL			-50	ì⊖ið		/00_	เป็กไก้	Hanne (	) 1 Addition	1
name					NAM				<u>-</u>	ネキキキ <sub>(</sub> (のいき)	/ UU 50.08	多数 フル <b>ロ</b> の	\$ \$\$ \$\$ £ 	10 UU	
STREET ADDRESS					\$TRE	ET ADDRESS			4.	4-4-4-4-	JU. UU	4.4.	1-44-4-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CITY-8T-ZIP	·	·			CITY	-ST-ZIP						-			
TITLE	e(r.ar.)		er tropic of the	Deteto	TITL				enger var i .			□ c	hango	Addition	
NAME STREET ADDRESS			,		MAN	E Et address									
CITY-ST-ZIP	p* 1	STORY OF MARK	la 13.061	MANAS		- 8T- ZIP						• •			
		<u></u>		na does not qualify for			ted in Section 1	119 07(3)(i)	Florida S	Statutes	I further co	ertify the	at the i	nformation	1

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 3.19.07(3)(f), Florida Statutes. Further certify that the information indicated on this report is true and accurate and that my 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 AND TYPED OR PRINTED NAME OF