

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90228 034 \*\*\*\*50.00

0061374

**DOCUMENT # L99000003279**

1. Entity Name

**EYE SURGERY & LASER CENTER, LLC**



Principal Place of Business

**409 AVE. K., S.E.  
WINTER HAVEN FL 33880**

Mailing Address

**409 AVE. K., S.E.  
WINTER HAVEN FL 33880**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3581143**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WELCH, DANIEL W  
407 AVE. K., S.E.  
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

|                                                |                                                                                      |                                 |
|------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>WELCH, DANIEL W<br/>407 AVE. K., S.E.<br/>WINTER HAVEN FL 33880</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>LOEWY, DAVID M<br/>407 AVE. K., S.E.<br/>WINTER HAVEN FL 33880</b>       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>FISCHER, FRANK<br/>407 AVENUE K, S.E.<br/>WINTER HAVEN FL 33880</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>SCHEMMER, GARY<br/>407 AVENUE K, S.E.<br/>WINTER HAVEN FL 33880</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>SILBIGER, JOHNATHAN<br/>407 AVENUE K, S.E.<br/>WINTER HAVEN FL 33880</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**SIGNATURE REQUIRED**

*David Lowy, P.B.* 04/17/03 (863) 244-3504

CR2E083 (10/02)