

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006557

Entity Name: MID-FLORIDA EYE LASER INSTITUTE, L.L.C.**Current Principal Place of Business:**17560 U.S. HIGHWAY 441
MOUNT DORA, FL 32757**Current Mailing Address:**17560 U.S. HIGHWAY 441
MOUNT DORA, FL 32757**FEI Number:** 59-3654033**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PULLUM, J. STEPHEN
1330 W. CITIZENS BLVD.
SUITE 701
LEESBURG, FL 34748 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BAUMANN, JEFFREY DM.D.
Address 17560 U.S. HIGHWAY 441
City-State-Zip: MOUNT DORA FL 32757

Title MGRM
Name PANZO, GREGORY JM.D.
Address 17560 U.S. HIGHWAY 441
City-State-Zip: MOUNT DORA FL 32757

Title MGRM
Name MAIZEL, RAY DAVID M.D.
Address 17560 U.S. HIGHWAY 441
City-State-Zip: MOUNT DORA FL 32757

Title MGRM
Name GOLDEY, STACIA HM.D.
Address 17560 U.S. HIGHWAY 441
City-State-Zip: MOUNT DORA FL 32757

Title MGRM
Name CHARLES, KEITH M.D.
Address 17560 U.S. HIGHWAY 441
City-State-Zip: MOUNT DORA FL 32757

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY D BAUMANN MD

MGRM

04/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date