

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033047

Entity Name: COMMUNITY EYE SURGERY CENTER, L.C.

Current Principal Place of Business:

21275 OLEAN BLVD.
PORT CHARLOTTE, FL 33952

Current Mailing Address:

C/O DAVID A. HOLMES, ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 31-1821080

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLMES, DAVID AESQ
99 NESBIT STREET
FARR, FARR, EMERICH, HACKETT & CARR
PUNTA GORDA, FL 33950 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 MGR
Name SPADAFORA, JOSEPH
Address 21275 OLEAN BLVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGR
Name SCHAIBLE, ERIC
Address 21275 OLEAN BLVD.
City-State-Zip: PORT CHARLOTTE FL 33952

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: JOSEPH SPADAFORA

MANAGER

04/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date