

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007623

Entity Name: MOSHE J. YALON, MD, LLC

Current Principal Place of Business:

2500 EAST HALLANDALE BEACH BLVD
SUITE N
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1600 SAWGRASS CORPORATE PARKWAY
SUITE 140
SUNRISE, FL 33323 US

FEI Number: 35-2308681

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EYE PHYSICIANS OF FLORIDA, LLP
1600 SAWGRASS CORPORATE PARKWAY
SUITE 140
SUNRISE, FL 33323 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 EYE PHYSICIANS OF FLORIDA, LLP
Address 1600 SAWGRASS CORPORATE
PARKWAY
City-State-Zip: SUNRISE FL 33323

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARVIN GREENBERG

MGR

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date