

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000029594

**Entity Name:** EYE PHYSICIANS OF CENTRAL FLORIDA, P.L.C.

**Current Principal Place of Business:**

790 CONCOURSE PKWY  
STE 200 A  
MAITLAND, FL 32751

**Current Mailing Address:**

790 CONCOURSE PKWY  
STE 200 A  
MAITLAND, FL 32751 US

**FEI Number:** 26-2258314

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOLD, ROBERT G  
790 CONCOURSE PKWY  
STE 200 A  
MAITLAND, FL 32751 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 GOLD, ROBERT SM.D.  
Address 790 CONCOURSE PKWY STE 200 A  
City-State-Zip: MAITLAND FL 32751

Title MGR  
Name AUERBACH, DAVID D.O.  
Address 790 CONCOURSE PKWY STE 200 A  
City-State-Zip: MAITLAND FL 32751

Title MGR  
Name BLUMENFELD, LOUIS M.D.  
Address 790 CONCOURSE PKWY STE 200 A  
City-State-Zip: MAITLAND FL 32751

*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:** ROBERT GOLD

MGR

03/09/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date