

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005870

**Entity Name:** TAMPA EYE LASER CENTER, LLC

**Current Principal Place of Business:**

4303 N GOMEZ SUITE 100  
TAMPA, FL 33607

**Current Mailing Address:**

4303 N GOMEZ SUITE 100  
TAMPA, FL 33607 US

**FEI Number:** 59-3601101

**Certificate of Status Desired:** No

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

REYNOLDS, WILLIAM DMD  
3000 WEST DR. M.L. KING, JR. BLVD.  
TAMPA, FL 33607 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 REYNOLDS, WILLIAM D  
Address 3000 WEST DR. M.L. KING, JR. BLVD.  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name LEACH, DAVID H  
Address 3000 WEST DR. M.L. KING, JR. BLVD.  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name LORENZEN, TIMOTHY R  
Address 3000 WEST DR. M.L. KING, JR. BLVD.  
City-State-Zip: TAMPA FL 33607

*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:** WILLIAM REYNOLDS

MGR

02/16/2022

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

\_\_\_\_\_  
Date