

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000006409

**Entity Name:** EYE PHYSICIANS LAND ASSOCIATION, L.L.C.

**Current Principal Place of Business:**

148 13TH STREET S.W.  
LARGO, FL 33770

**Current Mailing Address:**

148 13TH STREET S.W.  
LARGO, FL 33770

**FEI Number:** 59-3599639

**Certificate of Status Desired:** No

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

WEINSTOCK, STEPHEN M  
148 13TH STREET S.W.  
LARGO, FL 33770 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 WEINSTOCK, STEPHEN M  
Address 148 13TH STREET S.W.  
City-State-Zip: LARGO FL 33770

Title MGRM  
Name RICHARDS, KRISTENE H  
Address 148 13TH STREET S.W.  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name SCHWARTZ, JEFFREY S  
Address 148 13TH STREET S.W.  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name KIRSCH, LEONARD S  
Address 148 13TH STREET S.W.  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name HAIRSTON, RICHARD J  
Address 148 13TH STREET S.W.  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name WEINSTOCK, ROBERT J  
Address 148 13TH STREET S.W.  
City-State-Zip: LARGO FL 33770

Title DIRECTOR  
Name DESAI, NEEL R  
Address 148 13TH STREET S.W.  
City-State-Zip: LARGO FL 33770

*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:** STEPHEN M. WEINSTOCK

**MANAGER**

**01/07/2015**

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

\_\_\_\_\_  
Date