

2019 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

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date