


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**


**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000029945  
1. Entity Name  
SOUTHWEST FLORIDA EYE CARE, L.L.C.



Principal Place of Business 13670 METROPOLIS AVE STE 105 FORT MYERS, FL 33912	Mailing Address 13670 METROPOLIS AVE STE 105 FORT MYERS, FL 33912
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**DO NOT WRITE IN THIS SPACE**



02142007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1858252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMON, FLORENTINO E M.D.  
13670 METROPOLIS AVE STE 105  
FORT MYERS, FL 33912

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALMON, FLORENTINO E 13670 METROPOLIS AVE STE 105 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVRIL, LEONARD F 13670 METROPOLIS AVE STE 105 FORT MYERS, FL 33912
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02/28/07-80019-002 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:  2/14/07 239-574-5406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #