


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 06, 2008 08:00 AM
Secretary of State

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



<i>Principal Place of Business</i>	<i>Mailing Address</i>
13670 METROPOLIS AVE STE 105 FORT MYERS, FL 33912	13670 METROPOLIS AVE STE 105 FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE



02152008 No Chg-LLC CR2E083 (12/07)

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

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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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 03/21/08-80042-015 138.75

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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 *[Signature]* *Leonard F. Avril* *3/6/08* *(939) 524-5111*