

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021354

FILED
Apr 12, 2011
Secretary of State

Entity Name: SOUTHERN VITREORETINAL ASSOCIATES, P.L.

Current Principal Place of Business:

2439 CARE DRIVE
TALLAHASSEE, FL 323084580

New Principal Place of Business:

Current Mailing Address:

2439 CARE DRIVE
TALLAHASSEE, FL 323084580

New Mailing Address:

FEI Number: 20-8515285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011517 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BROOKS, H. LOGAN M.D.
Address: 2439 CARE DRIVE
City-St-Zip: TALLAHASSEE, FL 323084580

Title: MGRM
Name: STEINMETZ, ROBERT L M.D.
Address: 2439 CARE DRIVE
City-St-Zip: TALLAHASSEE, FL 323084580

Title: MGRM
Name: NEWELL, CHARLES K M.D.
Address: 2439 CARE DRIVE
City-St-Zip: TALLAHASSEE, FL 323084580

Title: MGRM
Name: WILLINGHAM, CHRISTOPHER L M.D.
Address: 2439 CARE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LOGAN BROOKS

MGRM

04/12/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date