2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L02000029945

Entity Name: SOUTHWEST FLORIDA EYE CARE, L.L.C.

Current Principal Place of Business:

13670 METROPOLIS AVE
STE 105
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13670 METROPOLIS AVE
STE 105
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 14-1858252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PALMON, FLORENTINO E M.D.
13670 METROPOLIS AVE STE 105
FORT MYERS, FL 33912 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 ( ) Delete
Name: PALMON, FLORENTINO E
Address: 13670 METROPOLIS AVE STE 105
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete
Name: AVRIL, LEONARD F
Address: 13670 METROPOLIS AVE STE 105
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LEONARD AVRIL MGRM 04/03/2009

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