

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000046652

Entity Name: NSB EYE CARE, LLC

Current Principal Place of Business:

330 CANAL STREET
NEW SMYRNA BEACH, FL 32168-7008

Current Mailing Address:

330 CANAL STREET
NEW SMYRNA BEACH, FL 32168-7008 US

FEI Number: 27-2498319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEPHENS, DR. PHILLIP L
330 CANAL STREET
NEW SMYRNA BEACH, FL 32168-7008 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 STEPHENS, DR. PHILLIP L
Address 4514 VAN KLEECK DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. PHILLIP L. STEPHENS

MANAGER

04/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date