2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# L01000019160

Entity Name: ALLIED EYECARE, LLC

Current Principal Place of Business:

19321-C US HIGHWAY 19 N
SUITE 320
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

19321-C US HIGHWAY 19 N
320
CLEARWATER, FL 33764

New Mailing Address:

19321-C US HIGHWAY 19 N
SUITE 320
CLEARWATER, FL 33764

FEI Number: 59-3744453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, HARVEY A P.A.
C/O FORD & FORD, P.A.
575 SECOND AVENUE SOUTH, #201
ST. PETERSBURG, FL 33701 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: RISAN HOLDINGS, INC., DBA SANCHEZ H O LDINGS
Address: 19321-C US HIGHWAY 19 N, SUITE 320
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SANCHEZ HOLDINGS IN, C D/B/A RISAN H OLDINGS
Address: 19321-C US HIGHWAY 19 N, SUITE 320
City-St-Zip: CLEARWATER, FL 33764

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: JOSEPH V. PRICE CFO 02/02/2009

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