

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019160

Entity Name: ALLIED EYECARE, LLC

FILED
Apr 21, 2011
Secretary of State

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
SUITE 320
CLEARWATER, FL 33764

New Mailing Address:

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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: KATHERINE LACKEY, ASSISTANT SECRETARY

04/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ESSEX VISION BENEFITS, INC.
Address: 12399 GRAVOIS RD.
City-St-Zip: ST. LOUIS, MO 63127

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: JOSEPH V PRICE

CFO

04/21/2011

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