2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L02000017724

Entity Name: EYE CARE AND SURGERY CENTER OF SOUTHWEST FLORIDA, L.L.C.

Current Principal Place of Business:

3665 TAMIAMI TRAIL, #101
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

3665 TAMIAMI TRAIL, #101
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 16-1615326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: MGR ( ) Delete
Name: STELLY, CHRISTOPHER T M.D.
Address: 3665 TAMIAMI TRAIL, #101
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

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: CHRISTOPHER STELLY MR. 01/14/2009

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