2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# L02000018766

Entity Name: CENTRAL FLORIDA EYE CARE, LLC

Current Principal Place of Business:

10606 BOCA PT. DRIVE
ORLANDO, FL 32836

New Principal Place of Business:

122 EAST CENTRAL AVENUE
WINTER HAVEN, FL 33880

Current Mailing Address:

10606 BOCA PT. DRIVE
ORLANDO, FL 32836

New Mailing Address:

10606 BOCA POINTE DRIVE
ORLANDO, FL 32836

FEI Number: 55-0788662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLEIN, SCOTT E
10606 BOCA PT. DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

KLEIN, SCOTT E
10606 BOCA POINTE DRIVE
ORLANDO, FL 32836 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: SCOTT KLEIN 01/22/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KLEIN, SUSANA
Address: 10606 BOCA PT. DRIVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KLEIN, SUSANA
Address: 10606 BOCA POINTE DRIVE
City-St-Zip: ORLANDO, FL 32836

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: SUSANA KLEIN MGRM 01/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date