2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

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Entity Name: EYE HEALTH OF FORT MEYERS, LLC

Current Principal Place of Business:

6091 S. POINTE BLVD.
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6091 S. POINTE BLVD.
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0065282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 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
Name: QUIGLEY, THOMAS A III
Address: 6091 S. POINTE BLVD.
City-St-Zip: FT. MYERS, FL 33919

Title: MGR
Name: ZOLLA, RONALD W
Address: 1 MICHAEL SUCCI DRIVE
City-St-Zip: PORTSMOUTH, NH 03801

Title: MGR
Name: HIRSCH, JOHN A
Address: 12548 LAKE DENISE BLVD.
City-St-Zip: CLERMONT, FL 34712

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 Statues.

SIGNATURE: THOMAS A. QUIGLEY III MGR 03/26/2012

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