

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046490

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** VISIONCARE CONSULTANTS OF FLORIDA LLC

**Current Principal Place of Business:**

20191 E COUNTRY CLUB DR  
STE 2003  
AVENTURA, FL 33180

**New Principal Place of Business:**

1937-A N. MILITARY TR  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

20191 E COUNTRY CLUB DR  
STE 2003  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 65-0971890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VISIONCARE CONSULTANTS OF FLORIDA, P.A.  
20191 E COUNTRY CLUB DR  
STE 2003  
AVENTURA, FL 33180 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  
**Name:** VISIONCARE CONSULTANTS OF FLORIDA, P.A.  
**Address:** 20191 E COUNTRY CLUB DR  
**City-St-Zip:** STE 2003, FL 33180 US

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: STEVEN FRIEFELD

MGRM

02/20/2011

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