

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000051452

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** SOUTHERN VITREORETINAL BAY PROPERTIES LLC

**Current Principal Place of Business:**

2439 CARE DRIVE  
TALLAHASSEE, FL 323084580

**New Principal Place of Business:**

**Current Mailing Address:**

2439 CARE DRIVE  
TALLAHASSEE, FL 323084580

**New Mailing Address:**

**FEI Number:** 20-1757837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011805 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:** BROOKS, LOGAN  
**Address:** 2439 CARE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** MGRM  
**Name:** STEINMETZ, ROBERT L  
**Address:** 2439 CARE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** MGRM  
**Name:** NEWELL, CHARLES K  
**Address:** 2439 CARE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** MGRM  
**Name:** WILLINGHAM, CHRISTOPHER L  
**Address:** 2439 CARE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32308

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:** CHARLES K. NEWELL, M.D.

MGRM

04/20/2010

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