

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069862

FILED
Jan 05, 2007
Secretary of State

Entity Name: ADVANCED EYE CARE OF SOUTH FLORIDA, P.L.

Current Principal Place of Business:

1800 WEST HILLSBORO BOULEVARD, STE 204
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

1800 WEST HILLSBORO BOULEVARD
STE 204
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1800 WEST HILLSBORO BOULEVARD, STE 204
DEERFIELD BEACH, FL 33442

New Mailing Address:

1800 WEST HILLSBORO BOULEVARD
STE 204
DEERFIELD BEACH, FL 33442

FEI Number: 20-1669835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SILVERSTEIN, HOWARD
1800 W. HILLSBORO BLVD.
SUITE 204
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

LEE-CHEE, TATIANA
1800 W. HILLSBORO BLVD.
SUITE 204
DEERFIELD BEACH, FL 33442 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: TATIANA LEE-CHEE

01/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEE-CHEE, TATIANA
Address: 1800 WEST HILLSBORO BOULEVARD, SUITE 204
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SILVERSTEIN, HOWARD
Address: 1800 WEST HILLSBORO BOULEVARD, SUITE 204
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD SILVERSTEIN

MGR

01/05/2007

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