2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L05000042012

Entity Name: FOWLER EYECARE, P.L.

Current Principal Place of Business:

14131 CEDARDALE STREET
FORT MEYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

14131 CEDARDALE STREET
FORT MEYERS, FL 33905

New Mailing Address:

FEI Number: 87-0744449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLINGBAUM, MATTHEW P
3876 SHERIDAN STREET
HOLLYWOOD, FL 33021 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR ( ) Change (X) Addition
Name: FOWLER, JEANNINE M DR
Address: 14131 CEDARDALE ST
City-St-Zip: FT MYERS, FL 33905 US

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: JEANNINE FOWLER DR 04/30/2006

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