

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042012

Entity Name: FOWLER EYECARE, P.L.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

13451 MCGREGOR BLVD
13
FORT MYERS, FL 33919

New Principal Place of Business:

13451 MCGREGOR BLVD
FORT MYERS, FL 33919

Current Mailing Address:

13451 MCGREGOR BLVD
13
FORT MYERS, FL 33919

New Mailing Address:

13451 MCGREGOR BLVD
FORT MYERS, FL 33919

FEI Number: 87-0744449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, MARY
13451 MCGREGOR BLVD
13
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

FOWLER, MARY
13451 MCGREGOR BLVD
FORT MYERS, FL 33919 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR () Delete
Name: FOWLER, JEANNINE M DR
Address: 13451 MCGREGOR BLVD, #13
City-St-Zip: FT MYERS, FL 33919 US

ADDITIONS/CHANGES:

Title: DR (X) Change () Addition
Name: FOWLER, JEANNINE M DR
Address: 13451 MCGREGOR BLVD
City-St-Zip: FT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify 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: DR JEANNINE FOWLER

OWNE

04/30/2008

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