

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042012

Entity Name: FOWLER EYECARE, P.L.

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

13451 MCGREGOR BLVD  
FORT MYERS, FL 33919

## New Principal Place of Business:

13451 MCGREGOR BLVD  
#3  
FORT MYERS, FL 33919

## Current Mailing Address:

13451 MCGREGOR BLVD  
FORT MYERS, FL 33919

## New Mailing Address:

13451 MCGREGOR BLVD  
#3  
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  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

FOWLER, MARY  
13451 MCGREGOR BLVD  
#3  
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:

01/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: DR (X) Change ( ) Addition  
Name: FOWLER, JEANNINE M DR  
Address: 13451 MCGREGOR BLVD #3  
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: JEANNINE FOWLER

DR

01/16/2009

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