

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000042012

Entity Name: FOWLER EYECARE, P.L.

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13451 MCGREGOR BLVD  
#3  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

13451 MCGREGOR BLVD  
#3  
FORT MYERS, FL 33919

**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:**

FOWLER, MARY  
13451 MCGREGOR BLVD  
#3  
FORT MYERS, FL 33919 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: MARY FOWLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR  
Name: FOWLER, JEANNINE M DR  
Address: 13451 MCGREGOR BLVD #3  
City-St-Zip: FT MYERS, FL 33919 US

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: JEANNINE FOWLER

OWNE

03/18/2011

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