

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042012

Entity Name: FOWLER EYECARE, P.L.

FILED
Jan 05, 2012
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: _____

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

OD

01/05/2012

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