

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113677

Entity Name: SPYGLASS EYE CLINIC OF VIERA, LLC

FILED  
Aug 16, 2006  
Secretary of State

**Current Principal Place of Business:**

1045 N COURtenay PKwy  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**  
1045 N COURtenay PKwy  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

FEI Number: 75-3204241      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AGGARWAL, MUKESH C MD  
1045 N COURtenay PKwy  
MERRITT ISLAND, FL 32953 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: MGR ( ) Delete  
Name: AGGARWAL, MUKESH C  
Address: 1045 N COURtenay PKwy  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: AGGARWAL, SAROJ MD  
Address: 1045 N COURtenay PKwy  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MUKESH C. AGGARWAL

MGR

08/16/2006

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