

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113677

FILED
Aug 16, 2006
Secretary of State

Entity Name: SPYGLASS EYE CLINIC OF VIERA, LLC

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:

Name and Address of New Registered Agent:

AGGARWAL, MUKESH C MD
1045 N COURTENAY PKWY
MERRITT ISLAND, FL 32953 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: _____

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

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

ADDITIONS/CHANGES:

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 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