

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000113677

**FILED**  
**Oct 01, 2014**  
**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 ( )**

**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: MUKESH C AGGARWAL

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: AGGARWAL, MUKESH C  
Address: 1045 N COURTENAY PKWY  
City-St-Zip: MERRITT ISLAND, FL 32953

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MUKESH AGGARWAL

OWNE

10/01/2014

Electronic Signature of Authorized Person

Date