

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021345

Entity Name: NEWSOM EYE PLAZA, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

3205 PHYSICIANS WAY
SEBRING, FL 33870

New Principal Place of Business:

3207 PHYSICIANS WAY
STE A
SEBRING, FL 33870 US

Current Mailing Address:

4710 N. HABANA AVE
STE 100
TAMPA, FL 33614

New Mailing Address:

4710 N. HABANA AVE
STE 100
TAMPA, FL 33614 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEGANCE, KIM A CFO
4710 N. HABANA AVE
STE 100
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

NEWSOM, THOMAS H DR
3207 PHYSICIANS WAY
STE A
SEBRING, FL 33870 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: T. HUNTER NEWSON

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR () Delete
Name: NEWSOM, T H DR
Address: 3205 PHYSICIANS WAY
City-St-Zip: SEBRING, FL 33870 US

ADDITIONS/CHANGES:

Title: DR (X) Change () Addition
Name: NEWSOM, THOMAS H DR
Address: 3205 PHYSICIANS WAY
City-St-Zip: SEBRING, FL 33870 US

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: T. HUNTER NEWSOM

MGR

01/15/2009

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