

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000021345

**Entity Name:** NEWSOM EYE PLAZA, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3207 PHYSICIANS WAY  
STE A  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

13904 N DALE MABRY HIGHWAY, STE 200  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 20-4386982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWSOM, THOMAS H DR  
3207 PHYSICIANS WAY  
STE A  
SEBRING, FL 33870 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: NEWSOM, THOMAS H DR  
Address: 3205 PHYSICIANS WAY  
City-St-Zip: SEBRING, FL 33870 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: THOMAS H NEWSOM

DR

04/10/2012

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