

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054378

FILED
Jan 22, 2009
Secretary of State

Entity Name: SUNSHINE EYECARE ALLIANCE, LLC

Current Principal Place of Business:

12548 LAKE UNDERHILL ROAD
ORLANDO, FL 32828

New Principal Place of Business:

626 BELVEDERE ROAD
WEST PALM BEACH, FL 33405

Current Mailing Address:

12548 LAKE UNDERHILL ROAD
ORLANDO, FL 32828

New Mailing Address:

626 BELVEDERE ROAD
WEST PALM BEACH, FL 33405

FEI Number: 20-5001537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORGES, JENNIFER O.D.
12548 LAKE UNDERHILL ROAD
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

JASPER, APRIL O.D.
626 BELVEDERE ROAD
WEST PALM BEACH, FL 33405 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: APRIL JASPER

01/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LESAGE, ROBERT O.D.
Address: 15620A MCGREGOR BLVD.
City-St-Zip: FT. MYERS, FL 33901

Title: MGR () Delete
Name: FIDLER, CRAIG O.D.
Address: 1300 S.E. 17TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR () Delete
Name: YAGER, JACK O.D.
Address: 214 MARKS STREET
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: KOSANOVICH, TAD O.D.
Address: 150 SOUTH INDIANA AVE.
City-St-Zip: ENGELWOOD, FL 34223

Title: MGR () Delete
Name: MINT, JANET O.D.
Address: 4131 SOUTHSIDE BLVD., STE. #203
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Delete
Name: KAUFMAN, SANDY
Address: 9804 S. MILITARY TRAIL, STE. E-7
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: ROBERT LESAGE

MGR

01/22/2009

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