

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000054378

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** SUNSHINE EYECARE ALLIANCE, LLC

**Current Principal Place of Business:**

150 SOUTH INDIANA AVENUE  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

150 SOUTH INDIANA AVENUE  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

**FEI Number:** 20-5001537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOSANOVICH, TAD O.D.  
150 SOUTH INDIANA AVENUE  
ENGLEWOOD, FL 34223 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:** MGR  
**Name:** LESAGE, ROBERT O.D.  
**Address:** 15620A MCGREGOR BLVD.  
**City-St-Zip:** FT. MYERS, FL 33901

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

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

**Title:** MGR  
**Name:** JASPER, APRIL O.D.  
**Address:** 626 BELVEDERE ROAD  
**City-St-Zip:** WEST PALM BEACH, FL 33405

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

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

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:** TAD KOSANOVICH

DR.

03/29/2011

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