2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

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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 BVLD.
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 Statues.

SIGNATURE: TAD KOSANOVICH DR. 01/12/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date