

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000065180

FILED
Oct 13, 2009
Secretary of State

Entity Name: RETINA VITREOUS CONSULTANTS OF WEST FLORIDA, P.L.

Current Principal Place of Business:

5437 MAIN STREET #102
SUITE 102
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

11031 US HWY 19
SUITE 106
PORT RICHEY, FL 34668

Current Mailing Address:

5437 MAIN STREET #102
SUITE 102
NEW PORT RICHEY, FL 34652

New Mailing Address:

2975 ROLLING WOODS DRIVE
PALM HARBOR, FL 34683

FEI Number: 20-5212030 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MALLIS, MARC J MD
2975 ROLLING WOODS DRIVE
PALM HARBOR, FL 34683 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: MARC MALLIS

10/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MALLIS, MARE J MD
Address: 5437 MAIN STREET SUITE 102
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MALLIS, MARC J MD
Address: 2975 ROLLING WOODS DRIVE
City-St-Zip: PALM HARBOR, FL 34683

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: MARC MALLIS

MGR

10/13/2009

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