2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073248

City-St-Zip:

ST. PETERSBURG, FL 33701 US

Entity Name: THE NURSING HOME EYECARE GROUP OF FLORIDA, LLC

FILED Sep 10, 2007 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701 US **Current Mailing Address: New Mailing Address:** 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701 US FEI Number: 20-5289850 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: Name and Address of New Registered Agent: BLACKWELL, WORTH T CT CORPORATION SYSTEM 721 FIRST AVENUE NORTH 1200 SOUTH PINE ISLAND ROAD ST. PETERSBURG, FL 33701 US PLANTATION, FL 33324 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: PETER F. SOUZA 09/10/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete CHAIKEN, DENNIS Name: Name: Address: 721 FIRST AVENUE NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33701 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CASEY, THOMAS DR. Name: Address: 721 FIRST AVENUE NORTH 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: MURRAY R. FELDMAN ATTY 09/10/2007