

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113448

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE VISION CARE INSTITUTE, LLC

Current Principal Place of Business:

7500 CENTURION PARKWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7500 CENTURION PARKWAY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 64-0949864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P (X) Delete
Name: CLOMPUS, RICHARD
Address: 7500 CENTURION PARKWAY, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: PRESTON, CAROLINE A
Address: 7500 CENTURION PARKWAY, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: PAVLIK, THOMAS S
Address: 7500 CENTURION PARKWAY, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: MALIN, MADONNA M
Address: 1 JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: S () Delete
Name: HARRIS, KRISTIE R
Address: 7500 CENTURION PARKWAY, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: SHARKEY, JOHN F
Address: 1 JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

ADDITIONS/CHANGES:

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

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

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

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

Title: AS (X) Change () Addition
Name: HARRIS, KRISTIE R
Address: 7500 CENTURION PARKWAY, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: AS (X) Change () Addition
Name: SHARKEY, JOHN F
Address: 1 JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

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: KATHLEEN KILBANE

STA

04/20/2009

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