

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113448

FILED
Feb 16, 2011
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: VP
Name: PRESTON, CAROLINE A
Address: 7500 CENTURION PARKWAY, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: T
Name: MOUNTAIN, MICHAEL H
Address: 7500 CENTURION PARKWAY, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

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

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

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

Title: AS
Name: LOVIN, SCOTT S
Address: 7500 CENTURION PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

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: KRISTIE HARRIS

AS

02/16/2011

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