2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2011
Secretary of State

DOCUMENT# L06000121470

Entity Name: AMERICAN EYE CLINIC, P.L.

Current Principal Place of Business:

4520 COMMERCIAL WAY
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

4520 COMMERCIAL WAY
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 59-1653096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PORT RICHEY, FL 34668 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: MGRM
Name: SANCHEZ, JUAN MD
Address: 4520 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606 US

Title: MGRM
Name: SANCHEZ, JUAN MD
Address: 5340 GULF DRIVE SUITE 101
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: JUAN SANCHEZ M.D. MGRM 02/27/2011

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