

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012454

FILED
Apr 30, 2008
Secretary of State

Entity Name: ADVANCED MEDICAL EYE CONSULTANTS, LLC

Current Principal Place of Business:

944 NORTH KROME AVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

1815 NE 8TH STREET
#103
HOMESTEAD, FL 33033 US

Current Mailing Address:

944 NORTH KROME AVE
HOMESTEAD, FL 33030 US

New Mailing Address:

P.O. BOX 900970
HOMESTEAD, FL 33090 US

FEI Number: 51-0623167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROE, IAN
944 NORTH KROME AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

ROE, IAN
1815 NE 8TH STREET
#103
HOMESTEAD, FL 33033 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: IAN ROE

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROE, IAN
Address: P.O. BOX 900970
City-St-Zip: HOMESTEAD, FL 33090-097 US

Title: MGRM (X) Delete
Name: FRAGA, EDUARDO
Address: 944 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
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: IAN ROE

MGR

04/30/2008

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