2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000012454

Entity Name: ADVANCED MEDICAL EYE CONSULTANTS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

6801 US HWY 27, NORTH
SUITE D-3
SEBRING, FL 33870 US

Current Mailing Address:

P.O. BOX 900970
HOMESTEAD, FL 33090 US

New Mailing Address:

P.O. BOX 1195
SEBRING, FL 33871 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
1815 NE 8TH STREET
#103
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

ROE, IAN
6801 US HWY 27, NORTH
SUITE D-3
SEBRING, FL 33870 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 04/30/2009

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

ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition
Name: ROE, IAN
Address: 6801 US HWY 27, NORTH SUITE D-3
City-St-Zip: SEBRING, FL 33870 US

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 MR 04/30/2009

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