

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000027915

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** RETINA SA, LLC

**Current Principal Place of Business:**

2639 OAK STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2639 OAK STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 20-8689888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SULLIVAN, JOHN P M.D.  
2639 OAK STREET  
JACKSONVILLE, FL 32204 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:** DR.  
**Name:** MORENO, RAUL J M.D.  
**Address:** 2639 OAK STREET  
**City-St-Zip:** JACKSONVILLE, FL 32204

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:** RAUL J. MORENO

DR

01/06/2010

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