2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000062001

Entity Name: EYE CARE CONSORTIUM LLC

Current Principal Place of Business:

12037 WHITEMARSH LANE
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

505 DRUID RD. EAST
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, GREGORY A
28050 U.S. HIGHWAY 19 NORTH
SUITE 100
CLEARWATER, FL 33761 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: MGR ( ) Delete
Name: MINES, JONATHAN A
Address: 505 DRUID RD. EAST
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR ( ) Delete
Name: MERTZLUFFT, JOHN J
Address: 8633 CITRUS PARK DR.
City-St-Zip: TAMPA, FL 33625 US

Title: MGR ( ) Delete
Name: MENOSKY, MATTHEW M
Address: 505 DRUID ROAD EAST
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES:

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

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: JONATHAN A MINES MRG 04/29/2008

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