## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000062001

City-St-Zip:

CLEARWATER, FL 33756 US

Entity Name: EYE CARE CONSORTIUM LLC

FILED Apr 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12037 WHITEMARSH LANE TAMPA, FL 33626 **Current Mailing Address: New Mailing Address:** 505 DRUID RD. EAST CLEARWATER, FL 33756 FEI Number: 26-2481747 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOX, GREGORY A 28050 U.S. HIGHWAY 19 NORTH SUITE 100 CLEARWATER, FL 33761 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete MINES, JONATHAN A Name: Name: Address: 505 DRUID RD. EAST Address: City-St-Zip: CLEARWATER, FL 33756 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MERTZLUFFT, JOHN J Name: Name: Address: 8633 CITRUS PARK DR. Address: City-St-Zip: TAMPA, FL 33625 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MENOSKY, MATTHEW M Name: Name: Address: 505 DRUID ROAD EAST Address:

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.

City-St-Zip:

SIGNATURE: JONATHAN MINES, M.D> DR 04/17/2009