

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

04-28-2008 90055 003 ***138.75

DOCUMENT # L07000076923 1. Entity Name EYE CARE SPECIALISTS OF FLORIDA, LLC					
Principal Place of Business 721 OAK COMMONS BLVD. SUITE D WINDERMERE, FL 34741			Mailing Address 721 OAK COMMONS BLVD. SUITE D WINDERMERE, FL 34741		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHOUHRI, SAIRA M.D. 721 OAK COMMONS BLVD STE D KISSIMMEE, FL 34741			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CHOUHRI, SAIRA M.D.		NAME		
STREET ADDRESS	11445 JASPER KAY TERRACE, #1007		STREET ADDRESS		
CITY- ST- ZIP	WINDERMERE, FL 34786		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.					
SIGNATURE:			4/23/08 4074830328		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number **260604241** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required