2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000076923

Entity Name: EYE CARE SPECIALISTS OF FLORIDA, LLC

Current Principal Place of Business:

721 OAK COMMONS BLVD.
SUITE D
WINDERMERE, FL 34741

New Principal Place of Business:

721 OAK COMMONS BLVD.
SUITE D
KISSIMMEE, FL 34741

Current Mailing Address:

721 OAK COMMONS BLVD.
SUITE D
WINDERMERE, FL 34741

New Mailing Address:

721 OAK COMMONS BLVD.
SUITE D
KISSIMMEE, FL 34741

FEI Number: 26-0604241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHOUDHRI, SAIRA M.D.
721 OAK COMMONS BLVD
STE D
KISSIMMEE, FL 34741 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: MGRM ( ) Delete
Name: CHOUDRHI, SAIRA M.D.
Address: 11446 JASPER KAY TERRACE, #1007
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHOUDRHI, SAIRA M.D.
Address: 6354 LAKE BURDEN VIEW DR
City-St-Zip: WINDERMERE, FL 34786

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: SAIRA CHOUDHRI MRGM 04/29/2009

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