

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081071

**FILED**  
**Mar 02, 2008**  
**Secretary of State**

**Entity Name:** ADVANCED CARE EYE CENTER LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

11906 BOYETTE RD.  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

307 S BUNGALOW PARK AVE  
UNIT B  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 26-0674083      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RATHINASAMY, DILIP M.D.  
307 S BUNGALOW PARK AVE  
UNIT B  
TAMPA, FL 33609 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: RATHINASAMY, DILIP M.D.  
Address: 307 S BUNGALOW PARK AVE UNIT B  
City-St-Zip: TAMPA, FL 33609 US

**ADDITIONS/CHANGES:**

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: DILIP RATHINASAMY      MGRM      03/02/2008

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