2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# L07000105842

Entity Name: FAMILY EYECARE CENTER, LLC

Current Principal Place of Business:

21178 OLEAN BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

21178 OLEAN BLVD.
UNIT A
PORT CHARLOTTE, FL 33952

Current Mailing Address:

21178 OLEAN BLVD.
PORT CHARLOTTE, FL 33952

New Mailing Address:

21178 OLEAN BLVD.
UNIT A
PORT CHARLOTTE, FL 33952

FEI Number: 22-3970742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CZYZ, CRAIG
21178 OLEAN BLVD
SUITE A
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

CZYZ, CRAIG
21178 OLEAN BLVD
UNIT A
PORT CHARLOTTE, FL 33952 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: 01/10/2009

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CZYZ, CRAIG N
Address: 21178 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CZYZ, CRAIG N
Address: 21178 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

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: CRAIG CZYZ MGRM 01/10/2009

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