

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126061

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** NATIONAL PRESCRIPTION FACILITATOR, LLC

**Current Principal Place of Business:**

3902 MILLENIA BOULEVARD  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NVA NATIONAL VISION ADMINISTRATORS  
1200 ROUTE 46, SUITE 200  
CLIFTON, NJ 07013

**New Mailing Address:**

3902 MILLENIA BOULEVARD  
ORLANDO, FL 32839

**FEI Number:** 26-1615884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

ULLMAN, RICHARD  
3902 MILLENIA BLVD  
ORLANDO, FL 32839 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: RICHARD ULLMAN

02/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ULLMAN, RICHARD  
Address: 3900 MILLENIA BLVD  
City-St-Zip: ORLANDO, FL 32839

I hereby 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: RICHARD ULLMAN

MGRM

02/10/2011

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