

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004244

**Entity Name:** F&O HOLDINGS, LLC

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

207 S. MARION AVENUE  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

207 S. MARION AVENUE  
LAKE CITY, FL 32025 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FOREMAN, JOEL F  
207 S. MARION AVENUE  
LAKE CITY, FL 32025 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  
Name: FOREMAN, JOEL F  
Address: 207 S. MARION AVENUE  
City-St-Zip: LAKE CITY, FL 32025

Title: MGRM  
Name: VISION, SURGERY & LASERS, INC.  
Address: 763 SW MAIN BLVD  
City-St-Zip: LAKE CITY, FL 32025

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: JOEL F. FOREMAN

MGRM

03/09/2012

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