

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000007150

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED EYE CARE OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

1800 WEST HILLSBORO BLVD  
SUITE 204  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

7421 N UNIVERSITY DRIVE  
SUITE 109  
TAMARAC, FL 33321 US

**New Mailing Address:**

1600 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
SUNRISE, FL 33323 US

**FEI Number:** 35-2308681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EYE PHYSICIANS OF FLORIDA, LLP  
7421 N UNIVERSITY DRIVE  
SUITE 109  
TAMARAC, FL 33321 US

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

EYE PHYSICIANS OF FLORIDA, LLP  
1600 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
SUNRISE, FL 33323 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:** MARVIN GREENBERG

04/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** EYE PHYSICIANS OF FLORIDA, LLP  
**Address:** 1600 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323 US

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:** MARVIN GREENBERG

MGR

04/09/2010

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