

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000007150

**FILED**  
**Mar 25, 2011**  
**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:**

1600 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
SUNRISE, FL 33323 US

**New Mailing Address:**

**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  
1600 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
SUNRISE, FL 33323 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: 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: SUSAN HECHT

CFO

03/25/2011

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