

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000017145

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** CORRECTIONAL EYE CARE, P.L.

**Current Principal Place of Business:**

1480 TIMBERLANE ROAD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

1480 TIMBERLANE ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 26-2239525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHERRY, TERRI P  
1480 TIMBERLANE ROAD  
TALLAHASSEE, FL 32312 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: MGMR  
Name: STEPHENS, JAMES A  
Address: 1480 TIMBERLANE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

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: JAMES A. STEPHENS

MGMR

03/13/2012

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