

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058384

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** DEEP CREEK EYE CARE, LLC

**Current Principal Place of Business:**

375 KINGS HIGHWAY  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

65 CABELLO STREET  
PUNTA GORDA, FL 33983

**New Mailing Address:**

**FEI Number:** 26-2813455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIANTELLA, MICHAEL ESQ  
209 NASSAU STREET, STE 101  
VENICE, FL 34285 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: RADISH, DOUGLAS E  
Address: 65 CABELLO STREET  
City-St-Zip: PUNTA GORDA, FL 33983

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: DOUGLAS E RADISH, OD

MGRM

01/04/2012

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