## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000071250

Entity Name: RETINACORP LLC

FILED Jan 21, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

250 AVENUE K, SW, STE 200 WINTER HAVEN, FL 33880

**Current Mailing Address: New Mailing Address:** 

250 AVENUE K, SW, STE 200 WINTER HAVEN, FL 33880

FEI Number: 26-3049388 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MISCH, DAVID M M.D. 250 AVENUE K, SW, STE 200 WINTER HAVEN, FL 33880

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:

MGRM

MISCH, DAVID M M.D. Name: Address: 250 AVENUE K, SW, STE 200 City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR

Name: BERGER, ADAM S M.D. Address: 250 AVENUE K. SW SUITE 200 City-St-Zip: WINTER HAVEN, FL 33880 US

Title: MGR

TOLENTINO, MICHAEL M.D. Name: Address: 250 AVENUE K. SW

City-St-Zip: WINTER HAVEN, FL 33880 US

Title: MGR

Name: MOON, SUK J M.D.

250 AVENUE K, SW SUITE 200 Address: City-St-Zip: WINTER HAVEN, FL 33880 US

Title: MGR

HAMILTON, RICHARD M.D. Name: 250 AVENUE K, SW SUITE 200 Address: WINTER HAVEN, FL 33880 US City-St-Zip:

Title:

GEHRS, KAREN M.D. Name:

Address: 250 AVENUE K, SW SUITE 200 WINTER HAVEN, FL 33880 US City-St-Zip:

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 Statues.

SIGNATURE: DAVID M. MISCH **MGRM** 01/21/2010