

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075286

FILED
Jan 05, 2010
Secretary of State

Entity Name: FAMILY EYE CARE OF WESTSHORE, P.L.

Current Principal Place of Business:

4040 WEST KENNEDY BOULEVARD
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

4040 WEST KENNEDY BOULEVARD
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 26-3214970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, PHILIP
1505 N. FLORIDA AVENUE
TAMPA, FL 33601 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: GREEN, KENNETH H MANAGER
Address: 4040 WEST KENNEDY BOULEVARD
City-St-Zip: TAMPA, FL 33609 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: KENNETH H GREEN

MGR

01/05/2010

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