

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076532

FILED
Mar 19, 2011
Secretary of State

Entity Name: REGENCY EYE CARE, LLC

Current Principal Place of Business:

9501 ARLINGTON EXPY
SUITE 340E
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

9501 ARLINGTON EXPY
SUITE 340E
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 26-3466454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALDEN, DAVID
2961 ANTIGUA DR
JACKSONVILLE BEACH, FL 32250 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: MGRM
Name: FALDEN, DAVID
Address: 2961 ANTIGUA DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM
Name: FALDEN, DAVID
Address: 9501 ARLINGTON EXPY
City-St-Zip: JACKSONVILLE, FL 32225

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Name: FALDEN, DAVID
Address: 9501 ARLINGTON EXPY
City-St-Zip: JACKSONVILLE, FL 32225

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: DAVID FALDEN

OWNE

03/19/2011

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