

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076532

Entity Name: REGENCY EYE CARE, LLC

FILED  
Mar 06, 2012  
Secretary of State

## 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, ALLISON  
Address: 9501 ARLINGTON EXPY  
City-St-Zip: JACKSONVILLE, FL 32225

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

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

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

Title: MGRM  
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

OD

03/06/2012

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