

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000077553

**Entity Name:** OMNI EYE INSTITUTE, LLC

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3200 SW 34TH AVE  
SUITE #201  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

6205 DIANA COURT  
HIGHLAND HEIGHTS, OH 44143

**New Mailing Address:**

**FEI Number:** 26-4550752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSS, JOSEPH J  
295 SE HIGHWAY 19  
CRYSTAL RIVER, FL 34429 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:** ROSS, JOSEPH J  
**Address:** 6205 DIANA COURT  
**City-St-Zip:** HIGHLAND HEIGHTS, OH 44143

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:** JOSEPH J ROSS

MEMB

01/10/2011

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