2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# L08000085635

Entity Name: CORAL SPRINGS VISION CARE, PLLC

Current Principal Place of Business:

9773 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

9773 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 26-3317124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORELLANA-MEDINA, KATHERINE L O.D.
285 SW 180TH AVENUE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

ORELLANA-MEDINA, KATHERINE L O.D.
9773 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

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: KATHERINE ORELLANA-MEDINA, OD 03/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ORELLANA-MEDINA, KATHERINE L
Address: 285 SW 180TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ORELLANA-MEDINA, KATHERINE L
Address: 9773 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KATHERINE ORELLANA-MEDINA MGR 03/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date