

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088096

FILED
Feb 15, 2009
Secretary of State

Entity Name: MORGAN EYE CARE SERVICES, LLC

Current Principal Place of Business:

237 NW TOSCANE TRAIL
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

237 NW TOSCANE TRAIL
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 26-3408934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, JOE
237 NW TOSCANE TRAIL
PORT ST. LUCIE, FL 34986 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 () Delete
Name: MORGAN, JOE
Address: 237 NW TOSCANE TRAIL
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORGAN, JOE W
Address: 237 NW TOSCANE TRAIL
City-St-Zip: PORT ST. LUCIE, FL 34986

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: JOE W. MORGAN

MR

02/15/2009

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