

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102196

FILED
Jan 05, 2010
Secretary of State

Entity Name: A BETTER VUE EYE PHYSICIANS, LLC

Current Principal Place of Business:

4089 TAMIAMI TRAIL N
STE A103
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4089 TAMIAMI TRAIL N
STE A103
NAPLES, FL 34103

New Mailing Address:

FEI Number: 26-0393015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VU, LANI
15447 MARCELLO CIRCLE
NAPLES, FL 34110 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: TRAN, DAVID D M.D.
Address: 15447 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: MGRM
Name: VU, LANI P M.D.
Address: 15447 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

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 D. TRAN, MD

MGRM

01/05/2010

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