

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102196

FILED
Apr 20, 2011
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:

TRAN, DAVID D
6664 GLEN ARBOR WAY
NAPLES, FL 34119 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: DAVID TRAN, MD

04/20/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TRAN, DAVID D M.D.
Address: 6664 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

Title: MGRM
Name: VU, LANI P M.D.
Address: 6664 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

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 TRAN, MD

MGRM

04/20/2011

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